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|---|--|---|--|--|--|----------------------------|--|--|--|--|--|---|--|---|--|---------------------------|--|---------------------------|--|--|--|--------------------------|--|---|--|--|--|------------------------|--|
| 1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX | | | | | | | | | | Doctor Smith #606 Unite, Colorado State, 1234567 9569516378 Contact | | | | | | | | | | 3a PAT. CNTL# b.MED REC # 5 FEED TAX No. | | | | 6 STATEMENT COVERS PERIOD FROM THROUGH | | | | 4 TYPE OF BILL 7 | |
| 8 PATIENT NAME a Pain CaseManager b Pain CaseManager | | | | | | | | | | 8 PATIENT ADDRESS a city b city c d 12345 e | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 11-09-2014 | | 11 SEX | | ADMISSION 12 Date 13 HR 14 TYPE 15 SRC | | | | 16 DHR | | 17 SAT | | CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | | | | | | | | | | 29 A CDT STA TE | | 30 | | | | | |
| 31 OCCURRENCE CODE DATE | | 32 OCCURRENCE CODE DATE | | 33 OCCURRENCE CODE DATE | | 34 OCCURRENCE CODE DATE | | 35 OCCURRENCE CODE FROM THROUGH H | | | | 36 OCCURRENCE CODE FROM THROUGH H | | | | 37 | | | | | | | | | | | | | |
| city, 12345 Mob. No.0 Office. No.1234567890 | | | | | | | | | | VALUE CODES CODE AMOUNT a b c d | | | | VALUE CODES CODE AMOUNT CODE AMOUNT | | | | VALUE CODES CODE AMONT | | | | | | | | | | | |
| 42 REV. CD. 20550 | | 43 DESCRIPTION INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST | | | | | | 44 HCPCS/R ATE/HIPPS CODE 20550 | | 45 SERV. DATE 31-12-69 | | 45 SERV. UNITS | | 47 TOTAL CHARGES 1,000.00 | | 48 NON-COVERED CHARGES | | 49 | | | | | | | | | | | |
| 20605 | | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE) | | | | | | 20605 | | 31-12-69 | | | | 4,000.00 | | | | | | | | | | | | | | | |
| Page ____1____ of ____1____ | | | | | | | | | | CREATION DATE 04-03-15 | | TOTAL | | 5,000.00 | | 00 | | 0 | | 00 | | | | | | | | | |
| 50 PAYER NAME | | | | | | 51 HEALTH PLAN ID | | 52 REL INFO | | 53 ASG. BEN | | 54 PRIOR PAYMENT | | 55 EST. AMOUNT DUE | | 56 NPL | | 57 OTHER PRV ID | | | | | | | | | | | |
| 58 INSUREDS NAME | | | | | | 59 P. REL | | 60 INSUREDS UNIQUE ID | | | | 61 GROUP NAME | | | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | | | |
| 66 DX | | | | | | | | | | | | | | | | | | 68 | | | | | | | | | | | |
| 69 ADMIT DX | | | | 70 PATIENT REASON DX | | | | | | 71 PPS CODE | | | | 72 ECI | | | | 73 | | | | | | | | | | | |
| 74 PRINCIPAL PROCEDURE | | a | | OTHER PROCEDURE | | b | | OTHER PROCEDURE | | 75 | | 76 ATTENDING LAST Smith | | NPL 567A | | QUAL | | FIRST Doctor | | | | | | | | | | | |
| 74 OTHER PROCEDURE | | a | | OTHER PROCEDURE | | b | | OTHER PROCEDURE | | | | 77 OPERATING LAST Smith | | NPL 567A | | QUAL | | FIRST Doctor | | | | | | | | | | | |
| 80 REMARKS | | | | 81 CC | | a | | | | | | 78 OTHER LAST Smith | | NPL 567A | | QUAL | | FIRST Doctor | | | | | | | | | | | |
| | | | | b | | | | | | | | 79 OTHER LAST Smith | | NPL 567A | | QUAL | | FIRST Doctor | | | | | | | | | | | |
| | | | | c | | | | | | | | | | | | | | | | | | | | | | | | | |
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