| 1 Mayo Surgical, LLC<br>600 Chastain Road, Suite 220                         | Wesley Woods   | Wesley Woods Medical Center 3a PAT. CNTL# |          |             | 4 TYPE OF<br>BILL      |                 |            |  |
|--|----------------|---|----------|-------------|------------------------|-----------------|------------|--|
| Kennesaw, GA 30144   | ,              |   |          | MED REC #   |                        |                 |            |  |
| 2 866-411-2525 PHONE   | Contact        |   |          |             | 6 STATEMENT CO         | OVERS 7         |            |  |
| 800-865-8691 FAX   | _              |   | No       | D           | PERIOD                 | TUDOUGU         |            |  |
|  |                |   |          |             | FROM                   | THROUGH         |            |  |
| 8 PATIENT NAME a Gordon  | 8 PATIENT AD   | DRESS                                     |          | a           | 1242 H                 | earty Drive     |            |  |
| Hollingsford   | b Davisberg    |   |          |             |                        | 8475 e          |            |  |
| b Gordon Hollingsford  |                |   |          |             |                        |                 |            |  |
| 10 BIRTHDATE 11 ADMISSION 16 17 CONDITION CODES 29 A 30                      |                |   |          |             |                        |                 |            |  |
| SEX   07-26-1983   12 Date   13   1  | .4 15 DHR      | SAT   18   1                              | .9 20    | 21   22     | 23   24   25           | 26 27 28        | CDT<br>STA |  |
|  | PE SRC         | 10   1                                    | .9   20  | 21   22     | 23   24   23           | 20   27   20    | TE         |  |
| 12-06-2015   | 51.0           |   |          |             |                        |                 | 1          |  |
|  |                |   |          |             |                        |                 |            |  |
| 31 OCCURRENCE 32 OCCURRENCE 33   |                |   |          | OCCURREN    |                        | OCCURRENCE      | 37         |  |
| CODE DATE CODE DATE C  | ODE DATE       | CODE DAT                                  | E CODE   | FROM T      | THROUG CODE<br>H       | FROM THROUGH    | ٥          |  |
|  |                |   | _        |             | - 11                   | 11              |            |  |
|  |                |   |          |             |                        |                 |            |  |
| Gordon Hollingsford  | VALUE (        |   |          | VALUE COD   |                        | VALUE CODE      | S          |  |
| 1242 Hearty  | CODE AMO       | DUNT                                      | CODE     | AMOUN       | T COI                  | DE AMONT        | -          |  |
| Drive Arkansas Davisberg, 58475 a<br>Mob. No.(654) 854-7895 b                |                |   |          |             |                        |                 |            |  |
| Office. No.(654) 852-1548  |                |   |          |             |                        |                 |            |  |
| d  |                |   |          |             |                        |                 |            |  |
| 42 43 DESCRIPTIO   | N .            |   |          |             | TOTAL CHARGES          |                 | 1 -        |  |
| REV.   |                | ATE/HIPPS                                 | DATE     | UNITS       |                        | CHARGES         |            |  |
| CD. 97300 Back Surgery   |                | 97300                                     | 31-12-69 |             | 0.00                   |                 |            |  |
| 12234 Description  |                |   | 31-12-69 |             | 0.00                   |                 |            |  |
| 5  |                |   |          |             |                        |                 |            |  |
| 99212 Office Visit, Established, Pro   | blem Focused   | 99212                                     | 31-12-69 | 3           | 300.00                 |                 |            |  |
|  |                |   |          |             |                        |                 |            |  |
| Page 1 of  | 1              | CREATION                                  | 12-06-15 | TOTAL 3     | 300.00 00              | 0 (             | 00         |  |
|  |                | DATE                                      | 12 00 13 | TOTAL       | .00.00                 |                 |            |  |
| 50 PAYER NAME 51   | . HEALTH 52 RE |   | . 54 P   | RIOR 5      | 5 EST. AMOUNT          | 56 NPL          |            |  |
|  | PLAN ID INFO   | BEN                                       | PAYN     | MENT        | DUE                    |                 |            |  |
|  |                |   |          |             |                        | 57              |            |  |
|  |                |   |          |             |                        | OTHER<br>PRV ID |            |  |
| 58 INSUREDS NAME   | 59 P. REL      | 60 INSURED:                               | S UNIQUE | ID 61 GROUI | P NAME 62              | INSURANCE GRO   | OUP NO.    |  |
|  |                |   |          |             |                        |                 |            |  |
|  |                |   |          |             |                        |                 |            |  |
| 62 TREATMENT AUTHORIZATION CORE  | 64 DOC         | IMENT CONTE                               |          |             | GE EMPLOYER            | NAME            |            |  |
| 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME |                |   |          |             |                        |                 |            |  |
|  |                |   |          |             |                        |                 |            |  |
|  |                |   |          |             |                        |                 |            |  |
| 66   |                |   |          |             |                        | 68              |            |  |
| DX   |                |   |          |             |                        |                 |            |  |
| 69 ADMIT 70 PATIEI   | NT             | <u> </u>                                  | 71 PPS   | <u> </u>    | 72                     | 7               | 3          |  |
| DX REASON I  |                |   | CODE     |             | :CI                    |                 |            |  |
|  |                |   |          |             |                        |                 |            |  |
|  | ROCEDURE b     | OTHER PROC                                | EDURE 7  | <b>'</b> 5  | 76 N<br>ATTENDING      | IPL QUAL        |            |  |
| CODE DATE CODE   | DATE           | CODE                                      | DATE     |             | LAST Medical           | FIRST Wesl      | ev Woods   |  |
| CODE   |                | CODE                                      | JATE     |             | Center                 | , incor west    | -, .voous  |  |
| 7 OTHER PROCEDURE a OTHER P  | ROCEDURE b     | OTHER PROC                                | CEDURE   |             |                        | IPL QUAL        |            |  |
| 4  | 5.475          | 2225                                      | 2.75     |             | OPERATING              |                 |            |  |
| CODE DATE CODE   | DATE           | CODE                                      | DATE     |             | LAST Medical<br>Center | FIRST Wesl      | ey woods   |  |
| 80 REMARKS 81 C  |                |   |          |             | 78                     | NPL QUAL        |            |  |
| a  |                |   |          |             | OTHER                  |                 |            |  |
| b  |                |   |          |             | LAST Medical (         |                 | esley      |  |
| C  |                |   |          |             | 70                     | Woods           |            |  |
| d  |                |   |          |             | 79<br>OTHER            | NPL QUAL        |            |  |
|  |                |   |          |             | LAST Medical (         | Center FIRST We | esley      |  |
|  |                |   |          |             |                        | Woods           |            |  |
|  | <del></del>    |   |          |             | ·                      |                 |            |  |