

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX										Test Doctor 1234 any Street, Illinois any City, 12345 1234567890 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 Sam Walker										8 PATIENT ADDRESS b										a					c					d 0					e						
10 BIRTHDATE 09/21/1745					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					36 OCCURRENCE CODE FROM THROUGH					37											
, 0 Mob. No. Office. No.										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMONT																					
a b c d																																									
42 REV. CD.					43 DESCRIPTION										44 HCPCS/R ATE/HIPPS CODE					45 SERV. DATE					45 SERV. UNITS					47 TOTAL CHARGES					48 NON-COVERED CHARGES					49	
29827					Arthroscopy of shoulder										29827					31-12-69										9,500.00											
29827					Arthroscopy of shoulder										29827					31-12-69										9,500.00											
Page ____1____ of ____1____										CREATION DATE					13-03-15					TOTAL					19,000.00					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 INSURED'S NAME										59 P. REL					60 INSURED'S 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 Doctor					NPL QUAL																
CODE DATE					CODE DATE					CODE DATE										77 OPERATING LAST Doctor					NPL QUAL					FIRST Test											
74 OTHER PROCEDURE					a OTHER PROCEDURE					b OTHER PROCEDURE																															
CODE DATE					CODE DATE					CODE DATE																															
80 REMARKS										81 CC															78 OTHER LAST Doctor					NPL QUAL											
										a															79 OTHER LAST Doctor					NPL QUAL					FIRST Test						
										b																															
										c																															
										d																															