

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 Sid Thompson b Sid Thompson				8 PATIENT ADDRESS b				a c d 0 e											
10 BIRTHDATE 08/08/1995		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 30 CDT STA TE	
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.0 Office. No.0				VALUE CODES CODE AMOUNT a b c d				VALUE CODES CODE AMOUNT a b c d				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			
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST				20550		31-12-69				1,000.00							
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		05-03-15		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 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			
7 4		PRINCIPAL PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE		75		76 ATTENDING		NPL 567A		QUAL					
		CODE DATE		CODE DATE		CODE DATE				LAST Smith				FIRST Doctor					
7 4		OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE				77 OPERATING		NPL 567A		QUAL					
		CODE DATE		CODE DATE		CODE DATE				LAST Smith				FIRST Doctor					
80 REMARKS				81 CC						78 OTHER		NPL 567A		QUAL					
				a						LAST Smith				FIRST Doctor					
				b															
				c						79 OTHER		NPL 567A		QUAL					
				d						LAST Smith				FIRST Doctor					