

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX																				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 John Gordon										8 PATIENT ADDRESS a 123 Main Street b John Gordon b Duluth c GA d 30542 e																													
10 BIRTHDATE		11 SEX		12 ADMISSION DATE				13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		18 CONDITION CODES										29 A CDT STATE		30									
06/25/1986																																							
03-28-2015																																							
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																											
John Gordon 123 Main Street Georgia Duluth, 30542 Mob. No. Office. No.										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT									
										a																													
										b																													
										c																													
										d																													
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																	
97110		Therapeutic procedure, one or more areas										97110		03-28-2015																									
99213		Office Visit, Established, Expanded										99213		03-28-2015																									
73221		Xray Hip, 1 View										73221		03-28-2015																									
122345		Anesthesiologist Services										122345		03-28-2015																									
73030		MRI Upper Extremity, Joint										73030		03-28-2015		12,000.00																							
		Page 1 of 1										CREATION DATE		30-03-15		TOTAL		12,000.00		00		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		NPL		QUAL																					
		CODE		DATE		CODE		DATE		CODE		DATE						FIRST																					
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST		NPL		QUAL																					
		CODE		DATE		CODE		DATE		CODE		DATE						FIRST																					
80 REMARKS										81 CC						78 OTHER LAST		NPL		QUAL																			
										a										FIRST																			
										b																													
										c										79 OTHER LAST																			
										d										QUAL																			
																				FIRST																			

