1 Mayo Surgical, LLC 600 Chastain Road, Suite 220	John Gaston			a PAT. CNTL#		4 TYPE OF BILL
Kennesaw, GA 30144 2 866-411-2525 PHONE	, Contact		b	.MED REC #	6 STATEMENT CO	
800-865-8691 FAX	Contact			lo.	PERIOD	
					FROM	THROUGH
8 PATIENT NAME a Bill Gertson	8 PATIENT A	DDRESS	-	а	lal	0 -
b Bill Gertson		17		c _ CONDI	d TION CODES	0 e 29 A 30
SEX 12-04-1968 12 Date 13 14			19 20	21 22	23 24 25	26 27 28 STA
12-31-1969 HR TYP	E SRC					TE
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Bill Gertson , 0		CODES	CODE	VALUE CO AMOU		VALUE CODES DE AMONT
Mob. No.	CODE AN	VIOUNT	CODE	AMOU	NI	JE AMONT
Office. No. b						
42 43 DESCRIPTION		44 HCPCS/F	RI45 SERV	45 SFRV 4	7 TOTAL CHARGES	6 48 NON-COVERED 49
REV. CD.		ATE/HIPPS CODE		UNITS	7 TOTAL CHARGES	CHARGES
12234 Description		122345	31-12-69	2	2,500.00	
99214 Office Visit, Established, 73600 MRI Lower Extremity,		99214 73600	31-12-69 31-12-69		0.00	
75000 Miki Lower Extremity, John 75000 51-12-09 0.00						
Page1 of	1	CREATION	11-06-15	TOTAL 2	2,500.00 00	0 00
50 PAYER NAME 51	HEALTH 52 F	<i>DATE</i> REL 53 AS	G. 54	PRIOR	55 EST. AMOUNT	56 NPL
PL	AN ID INF	FO BEN	PAY	MENT	DUE	57
						OTHER PRV ID
58 INSUREDS NAME	59 P. REL	60 INSURE	OS UNIQUE	ID 61 GROU	JP NAME 62	INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME						
66		1	1			68
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69 ADMIT 70 PATIENT REASON DX			71 PPS CODE		72 ECI	73
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CODE DATE CODE	DATE	CODE	DATE		LAST Gaston 77 N	FIRST John
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80 REMARKS 81 CC				l	78	NPL QUAL
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