

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				John Gaston 4853 West 31st Street, Apt. 345, North Carolina Charlotte, 29584 7046589521 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 Jeff Rimmel b Jeff Rimmel				8 PATIENT ADDRESS b Atlanta				a 123 Main Street c GA d 30152 e																									
10 BIRTHDATE 06-06-1985		11 SEX		12 Date		13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		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																					
123 Main Street Georgia Atlanta, 30152 Mob. No.2147483647 Office. No.2147483647				a b c d				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMONT																	
42 REV. CD.		43 DESCRIPTION						44 HCPCS/R ATE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49															
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		16-01-15																							
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		09-02-15																							
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		09-02-15				500,000.00																			
		Page ____1____ of ____1____						CREATION DATE		10-02-15		TOTAL		500,000.00		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 LAST Gaston		NPL		QUAL		FIRST John													
		CODE		DATE		CODE		DATE		CODE		DATE																					
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST Gaston		NPL		QUAL		FIRST John													
		CODE		DATE		CODE		DATE		CODE		DATE																					
80 REMARKS				81 CC								78 OTHER LAST Gaston				NPL				QUAL				FIRST John									
				a																													
				b																													
				c																													
				d																													
												79 OTHER LAST Gaston				NPL				QUAL				FIRST John									