

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										John Gaston										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 Hohn Dorr										8 PATIENT ADDRESS a 4434 South Jones Road b Hohn Dorr b Mobile c AL d 43234 e																							
10 BIRTHDATE				11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES														29 A CDT 30 STA TE					
08-13-1973						12 Date				13 HR		14 TYPE		15 SRC																			
12-31-1969																																	
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									
Hohn Dorr 4434 South Jones Road Alabama Mobile, 43234 Mob. No.(654) 741-2589 Office. No.(654) 741-8596										VALUE CODES CODE AMOUNT				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMONT															
a																																	
b																																	
c																																	
d																																	
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49											
73562		Xray Ankle										73562		31-12-69				0.00															
122345		Description										122345		31-12-69				2,500.00															
97300		Back Surgery										97300		31-12-69				0.00															
73600		MRI Lower Extremity, Joint										73600		31-12-69				0.00															
		Page ____1____ of ____1____										CREATION DATE		22-05-15		TOTAL		2,500.00		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		NPL		QUAL															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Gaston				FIRST John															
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Gaston				FIRST John															
80 REMARKS										81 CC						78 OTHER		NPL		QUAL													
										a						LAST Gaston				FIRST John													
										b																							
										c						79 OTHER		NPL		QUAL													
										d						LAST Gaston				FIRST John													