

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX										Medical Facility 9876 Any Street, Georgia Any city, 32147 856963214 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 Sam Walker										8 PATIENT ADDRESS b										a					c					d 0					e			
10 BIRTHDATE 09/21/1745					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 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								
, 0 Mob. No. Office. No.										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					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																
29827		Arthroscopy of shoulder										29827		31-12-69				0.00																				
29827		Arthroscopy of shoulder										29827		31-12-69				0.00																				
		Page ____1____ of ____1____										CREATION DATE		13-03-15		TOTAL		0.00		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 Facility		NPL		QUAL																				
		CODE		DATE		CODE		DATE		CODE		DATE						FIRST Medical																				
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST Facility		NPL		QUAL																				
		CODE		DATE		CODE		DATE		CODE		DATE						FIRST Medical																				
80 REMARKS					81 CC										78 OTHER LAST Facility					NPL					QUAL													
					a																																	
					b																																	
					c																																	
					d																																	
															79 OTHER LAST Facility					NPL					QUAL													