

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										James Clement 345 So. Harvey Street, Florida Jacksonville, 35048 (904) 654-7415 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 Willie Solvak										8 PATIENT ADDRESS b										a c					d 0 e															
10 BIRTHDATE			11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES															29 A CDT STATE		30									
08-13-2015					12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28			
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						
Willie Solvak , 0 Mob. No. Office. No.										VALUE CODES					VALUE CODES					VALUE CODES																				
										CODE		AMOUNT					CODE		AMOUNT					CODE		AMONT														
										a																														
										b																														
										c																														
										d																														
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RA TE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																		
122345		Description										122345		31-12-69				0.00																						
73600		MRI Lower Extremity, Joint										73600		31-12-69				6,000.00																						
97110		Therapeutic procedure, one or more areas										97110		31-12-69				2,500.00																						
99214		Office Visit, Established, Detailed										99214		31-12-69				350.00																						
73600		MRI Lower Extremity, Joint										73600		31-12-69				0.00																						
		Page 1 of 1										CREATION DATE		06-05-15		TOTAL		8,850.00		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																				
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 Clement				FIRST James																						
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																						
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST James																						
80 REMARKS										81 CC						78 OTHER		NPL		QUAL																				
										a						LAST Clement				FIRST James																				
										b																														
										c						79 OTHER		NPL		QUAL																				
										d						LAST Clement				FIRST James																				