

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.		4 TYPE OF BILL 6 STATEMENT COVERS PERIOD FROM THROUGH				7																											
8 PATIENT NAME a Sylvia Bernackie				8 PATIENT ADDRESS a 7854 West Manta Street				c FL		d 35685		e																													
10 BIRTHDATE		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	
09-12-1989																																									
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																													
Sylvia Bernackie 7854 West Manta Street Florida Naples, 35685 Mob. No.(675) 816-9542 Office. No.(657) 958-4452				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				45 SERV. UNITS				47 TOTAL CHARGES				48 NON-COVERED CHARGES				49													
12234 5				Description				122345				31-12-69								0.00																					
73600				MRI Lower Extremity, Joint				73600				31-12-69								6,000.00																					
97300				Back Surgery				97300				31-12-69								20,000.00																					
99212				Office Visit, Established, Problem Focused				99212				31-12-69								0.00																					
99213				Office Visit, Established, Expanded				99213				31-12-69								0.00																					
73600				MRI Lower Extremity, Joint				73600				31-12-69								0.00																					
				Page ____1____ of ____1____				CREATION DATE				25-05-15				TOTAL				26,000.00 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				NPL				QUAL																	
				CODE DATE				CODE DATE				CODE DATE				LAST Clement				FIRST James																					
7 4				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																					