

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Wesley Woods Medical Center										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 Howard Long										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																		
03/12/1946					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																															
Howard Long , 0 Mob. No. Office. No.										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT																													
										a																																							
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42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
122345		Description										122345		31-12-69				0.00																															
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																															
99212		Office Visit, Established, Problem Focused										99212		31-12-69				0.00																															
99212		Office Visit, Established, Problem Focused										99212		31-12-69				300.00																															
99213		Office Visit, Established, Expanded										99213		31-12-69				300.00																															
122345		Description										122345		31-12-69				0.00																															
		Page ____1____ of ____1____										CREATION DATE		07-05-15		TOTAL		600.00		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 Medical Center				FIRST Wesley Woods																													
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77		OPERATING		NPL		QUAL																													
		CODE		DATE		CODE		DATE		CODE		DATE				LAST Medical Center				FIRST Wesley Woods																													
80 REMARKS										81 CC						78		OTHER		NPL		QUAL																											
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