

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Dr James Clement 123 Main Street, Georgia Atlanta, 30305 7777777777 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 Bill Roberts										8 PATIENT ADDRESS b										a				d 0				e									
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES														29 A CDT STA TE		30									
11-23-1956				12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28	
03-28-2015																																					
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																									
Bill Roberts , 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															
97110		Therapeutic procedure, one or more areas										97110		31-12-69				1,600.00																			
12234 5		Anesthesiologist Services										122345		31-12-69				0.00																			
73221		Xray Hip, 1 View										73221		31-12-69				0.00																			
		Page ____1____ of ____1____										CREATION DATE		26-03-15		TOTAL		1,600.00		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															
7 4		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL																			
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST Dr James																			
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																			
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST Dr James																			
80 REMARKS				81 CC								78 OTHER				NPL				QUAL																	
				a								LAST Clement								FIRST Dr James																	
				b																																	
				c								79 OTHER				NPL				QUAL																	
				d								LAST Clement								FIRST Dr James																	