1 Mayo Surgical, LLC 600 Chastain Road, Suite 220	ohn Gaston ,			PAT. ΓL#			4 TYPE OF BILL
Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX	11-2525 PHONE Contact				6 STATEMENT COVERS PERIOD FROM THROUGH		7
8 PATIENT NAME a Christopher Windward	8 PATIENT ADI	DRESS	ļ	a	d	0 e	
b Christopher Windward 10 BIRTHDATE 11 ADMISSION 16		17		•	ON CODES		29 A 30
SEX 08-13-1976 12 Date 13 1 HR TY		SAT 18 1	9 20 2	21 22 2	3 24 25	26 27	CDT 28 STA TE
12-31-1969							
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Christopher Windward , 0 Mob. No. Office. No. b	VALUE C	CODES	CODE	VALUE CODE AMOUNT	S COI	VALUE C	
42 43 DESCRIPTION REV. CD.	I	44 HCPCS/R ATE/HIPPS CODE		S SERV. 47 T JNITS	OTAL CHARGES	6 48 NON-C CHAR	
73600 MRI Lower Extremity 12234 Description	, Joint		31-12-69 31-12-69		00.00		
73600 MRI Lower Extremity	, Joint	73600	31-12-69	0	.00		
Page1 of	_1	CREATION DATE	22-04-15 7	OTAL 2,50	00.00	0	00
	HEALTH 52 RE	L 53 ASG	. 54 PR PAYME		EST. AMOUNT DUE	56 NPL	
58 INSUREDS NAME	59 P. REL	60 INSURED	S UNIQUE ID	0 61 GROUP	NAME 62	57 OTHER PRV ID	
63 TREATMENT AUTHORIZATION CODES	64 DOCU	MENT CONTR	ROL NUMBER	R	65 EMPLOYER	R NAME	
66 DX							68
69 ADMIT 70 PATIEN REASON D			71 PPS CODE	72 EC			73
CODE DATE CODE	DATE ROCEDURE b	OTHER PROC	DATE	,	ATTENDING LAST Gaston	FIRST J	John
7 OTHER PROCEDURE a OTHER PR 4 CODE DATE CODE	DATE	CODE	DATE		LAST Gaston	FIRST	John [*]
80 REMARKS 81 CC a b c d					78 OTHER LAST Gaston 79 OTHER LAST Gaston	NPL QUA	T John