

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX						Medical Medical Medical, Illinois Alask, 12345 1234567890 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 Meshed Case Manager						8 PATIENT ADDRESS b city						a address c 12345 d e										
10 BIRTHDATE 11-09-2014		11 SEX		ADMISSION 12 Date 13 HR 14 TYPE 15 SRC				16 DHR 17 SAT		CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28										29 A CDT STA TE 30		
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE FROM THROUGH H			36 OCCURRENCE CODE FROM THROUGH H			37								
address city, 12345 Mob. No.1234567890 Office. No.123456						VALUE CODES CODE AMOUNT a b c d			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				
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				0.00								
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		31-12-69				0.00								
12234 5		Description						122345		31-12-69				0.00								
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				0.00								
23700		TOTAL SHOULDER REPLACEMENT MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT including application of fixation apparatus (dislocation excluded)						23700		31-12-69				0.00								
27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)						27125		31-12-69				2.00								
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		31-12-69				1.44								
		Page ____1____ of ____1____						CREATION DATE		05-03-15		TOTAL		3.44		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 INSUREDS NAME						59 P. REL		60 INSUREDS 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 LAST Medical		NPL QUAL								
		CODE DATE		CODE DATE		CODE DATE						77 OPERATING		NPL QUAL				FIRST Medical				
7		OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE																

4									LAST Medical	FIRST Medical
	CODE	DATE		CODE	DATE		CODE	DATE		
80 REMARKS			81 CC						78	
			a						OTHER	NPL
			b						LAST Medical	QUAL
			c						79	FIRST Medical
			d						OTHER	NPL
									LAST Medical	QUAL
									LAST Medical	FIRST Medical