

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 Nancy Brown										8 PATIENT ADDRESS b										a c d 0 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 30 STA TE			
08/15/1957																															
12-31-1969																															
31 OCCURRENCE CODE		32 OCCURRENCE CODE		33 OCCURRENCE CODE		34 OCCURRENCE CODE		35 OCCURRENCE CODE		36 OCCURRENCE CODE		37																			
DATE		DATE		DATE		DATE		FROM		THROUGH		THROUGH																			
Nancy Brown , 0 Mob. No.0 Office. No.0										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMONT											
										a																					
										b																					
										c																					
										d																					
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RA TE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49									
122345		Anesthesiologist Services										122345		31-12-69				0.00													
99213		Office Visit, Established, Expanded										99213		31-12-69				800.00													
73221		Xray Hip, 1 View										73221		31-12-69				600.00													
97110		Therapeutic procedure, one or more areas										97110		31-12-69				1,600.00													
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00													
73221		Xray Hip, 1 View										73221		31-12-69				0.00													
		Page ____1____ of ____1____										CREATION DATE		25-03-15		TOTAL		3,000.00		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											
74		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST Dr James													
74		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											