

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				Anesthesiologist Logist #107-108, California Alaska, 123456 9569516378 Contact				3a PAT. CNTL#				4 TYPE OF BILL																	
								b.MED REC #																					
								5 FEED TAX No.		6 STATEMENT COVERS PERIOD		7																	
										FROM		THROUGH																	
8 PATIENT NAME				a		Mesh Attorney		8 PATIENT ADDRESS				a		address															
b				Mesh Attorney				b				city		c															
												IN		d															
														12345															
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES								29 A		30							
11-09-2014				12 Date		13 HR		14 TYPE		15 SRC																			
31 OCCURRENCE		32 OCCURRENCE		33 OCCURRENCE		34 OCCURRENCE		35 OCCURRENCE		36 OCCURRENCE		37																	
CODE		DATE		CODE		DATE		CODE		DATE		CODE		FROM		THROUGH		CODE		FROM		THROUGH		CODE		FROM		THROUGH	
address Indiana city, 12345 Mob. No.0 Office. No.0				VALUE CODES				VALUE CODES				VALUE CODES																	
				CODE				AMOUNT				CODE				AMOUNT				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											
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				3,500.00															
		Page ____1____ of ____1____						CREATION DATE		03-03-15		TOTAL		3,500.00		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 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		NPL		QUAL											
		CODE		DATE		CODE		DATE		CODE		DATE		ATTENDING				FIRST Anesthesiologist											
														LAST Logist															
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77		NPL		QUAL											
		CODE		DATE		CODE		DATE		CODE		DATE		OPERATING				FIRST Anesthesiologist											
														LAST Logist															
80 REMARKS				81 CC										78		NPL		QUAL											
				a										OTHER															
				b										LAST Logist				FIRST Anesthesiologist											
				c																									
				d										79		NPL		QUAL											
														OTHER															
														LAST Logist				FIRST											

