

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX										Doctor Smith #606 Unite, Colorado State, 1234567 9569516378 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 Sid Thompson b Sid Thompson										8 PATIENT ADDRESS b										a c d 0 e											
10 BIRTHDATE 08/08/1995		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 STA TE		30		
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																			
, 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/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		05-03-15																	
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)										20605		05-03-15				500,000.00													
		Page 1 of 1										CREATION DATE		05-03-15		TOTAL		500,000.00 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											
7 4		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL 567A		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Smith				FIRST Doctor													
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL 567A		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Smith				FIRST Doctor													
80 REMARKS										81 CC						78 OTHER		NPL 567A		QUAL											
										a						LAST Smith				FIRST Doctor											
										b																					
										c						79 OTHER		NPL 567A		QUAL											
										d						LAST Smith				FIRST Doctor											