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|---|--|---|--|---|--|---|--|------------------------------------|--|----------------------------|--|---|--|---------------------------|--|---|--|----------------------------|--|---------------------|--|----------------|--|----|--|
| 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 Samatha Redding b Samatha Redding | | | | | | 8 PATIENT ADDRESS a 45679 So Riveria Road b Sana Diego c CA d 965854 e | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 03/03/1985 12-31-1969 | | 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 STATE | | 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 | | | | | | | | | |
| Samatha Redding 45679 So Riveria Road California Sana Diego, 965854 Mob. No.(754) 169-7531 Office. No.(963) 456-7291 | | | | | | VALUE CODES CODE AMOUNT | | | | VALUE CODES CODE AMOUNT | | | | VALUE CODES CODE AMONT | | | | | | | | | | | |
| a | | | | | | b | | | | c | | | | d | | | | | | | | | | | |
| 42 REV. CD. 122345 | | 43 DESCRIPTION Anesthesiologist Services | | | | | | 44 HCPCS/RATE/HIPPS CODE 122345 | | 45 SERV. DATE 31-12-69 | | 45 SERV. UNITS | | 47 TOTAL CHARGES 0.00 | | 48 NON-COVERED CHARGES | | 49 | | | | | | | |
| 73721 | | New Office Visit, Expanded | | | | | | 73721 | | 31-12-69 | | | | 250.00 | | | | | | | | | | | |
| 73030 | | MRI Upper Extremity, Joint | | | | | | 73030 | | 31-12-69 | | | | 0.00 | | | | | | | | | | | |
| Page ____1____ of ____1____ | | | | | | CREATION DATE 07-04-15 | | TOTAL | | 250.00 | | 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 CODE DATE | | a OTHER PROCEDURE CODE DATE | | b OTHER PROCEDURE CODE DATE | | 75 | | 76 ATTENDING LAST Clement | | NPL QUAL | | FIRST Dr James | | | | | | | | | | | | | |
| 74 OTHER PROCEDURE CODE DATE | | a OTHER PROCEDURE CODE DATE | | b OTHER PROCEDURE CODE DATE | | | | 77 OPERATING LAST Clement | | NPL QUAL | | FIRST Dr James | | | | | | | | | | | | | |
| 80 REMARKS | | | | | | 81 CC a b c d | | | | | | 78 OTHER LAST Clement | | | | | | NPL QUAL FIRST Dr James | | | | | | | |
| | | | | | | | | | | | | 79 OTHER LAST Clement | | | | | | NPL QUAL FIRST Dr James | | | | | | | |