

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										John Gaston 4853 West 31st Street, Apt. 345, North Carolina Charlotte, 29584 7046589521 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		11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES															29 A CDT STA TE		30																													
03/03/1985				12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28																							
12-31-1969																																																											
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																																							
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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																																					
12234 5		Anesthesiologist Services										122345		31-12-69				2,500.00																																									
73721		New Office Visit, Expanded										73721		31-12-69				0.00																																									
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																																									
		Page ____1____ of ____1____										CREATION DATE		07-04-15		TOTAL		2,500.00		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 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		QUAL																																									
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Gaston				FIRST John																																									
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																																									
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Gaston				FIRST John																																									
80 REMARKS										81 CC										78 OTHER										NPL										QUAL																			
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