

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				Mark Adamson 241 Saddle, Georgia Alpharetta, 30004 658965415 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		Jeff Rimmel		8 PATIENT ADDRESS				a		123 Main Street															
b				Jeff Rimmel				b				Atlanta		c															
												GA		d															
												30152		e															
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES								29 A		30							
06-06-1985				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	
123 Main Street Georgia Atlanta, 30152 Mob. No.2147483647 Office. No.2147483647				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															
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				0.00															
		Page ____1____ of ____1____						CREATION DATE		10-02-15		TOTAL		0.00		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 Mark											
														LAST Adamson															
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77		NPL		QUAL											
		CODE		DATE		CODE		DATE		CODE		DATE		OPERATING				FIRST Mark											
														LAST Adamson															
80 REMARKS				81 CC								78				NPL				QUAL									
				a								OTHER																	
				b								LAST Adamson								FIRST Mark									
				c								79				NPL				QUAL									
				d								OTHER																	
												LAST Adamson								FIRST Mark									