

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# b.MED REC # 5 FEED TAX No.		6 STATEMENT COVERS PERIOD FROM THROUGH				4 TYPE OF BILL 7					
8 PATIENT NAME a Jeff Rimmel b Jeff Rimmel				8 PATIENT ADDRESS b Atlanta				a 123 Main Street c GA d 30152 e											
10 BIRTHDATE 06-06-1985		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 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							
123 Main Street Georgia Atlanta, 30152 Mob. No.2147483647 Office. No.2147483647				VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT									
				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		16-01-15											
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)				20605		09-02-15											
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST				20550		09-02-15				2,233,344. 00							
		Page 1 of 1				CREATION DATE		10-02-15		TOTAL		2,233,344. 00		00		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 ATTENDING LAST Adamson		NPL QUAL FIRST Mark			
		CODE		DATE		CODE		DATE		CODE		DATE							
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST Adamson		NPL QUAL FIRST Mark			
		CODE		DATE		CODE		DATE		CODE		DATE							
80 REMARKS				81 CC								78 OTHER LAST Adamson				NPL QUAL FIRST Mark			
				a															
				b								79 OTHER LAST Adamson				NPL QUAL FIRST Mark			
				c															
				d															