	Surgical,									За РАТ.							4 TYP	E OF					
	astain Ro aw, GA 3										CNTL# b.MED REC #							BILL					
2 866-411-2525 PHONE							Contact							5 FEED TAX 6			STATEMENT COVERS 7						
800-865-8691 FAX							No. P									PERIOD FROM THROUGH							
O DATIENT NAME							8 PATIENT ADDRESS a										124						
8 PATIENT NAME a Gordon Hollingsford							8 PATIENT ADDRESS b Davisberg									λR	124.	2 неа 584	rty Dri 75	ve e			
b Gordon Hollingsford																					20.4	20	
10 BIRTHDATE 11 ADMISSION SEX						16 DHR		. / AT				CONDI			ION CODES				29 A CDT		30		
07-2	6-1983		12 Date	e 13 HR	14 TYPE	15				18	19	20	2	1 2	2	23 2	4 2	5 2	26 2	27	28	STA TE	
12-0	6-2015			ПК	ITPE	: SK		+	\dashv				\vdash							\dashv		IE	
31.000	CURRENC	E 32 O	CCLIDE	ENCE	33 0		DENCE	34		ח חוור	ENC	E	35.0	OCCUR	DEN	CE		26 OC	CURRI	ENICE		37	
CODE		COD		DATE	COL		DATE		ODE		DATE			FROI		HROUG					ROUG		
															-	Н		+		-	H		
Gordon Hollingsford 1242 Hearty						ODE			ODES			VALUE CO CODE AMOU							VALUE CODES DE AMONT				
Drive Arkansas Davisberg, 58475 a						ODL			OI41			AMOC			0011		CODE	AMONT					
Mob. No.(654) 854-7895 b Office. No.(654) 852-1548 c																							
			43 DE		d																		
42 REV.					44 HCPCS/R 4 ATE/HIPPS					5 SERV. 47 UNITS		TOTAL	CHAR	GES	ES 48 NON-C CHAF								
CD.	CD.									CODE						0.00	1						
97300 12234									97300 31-1 122345 31-1							0.00 500.00							
5									99212 31-12-6							0.00	1.00						
99212 Office Visit, Established, Proble							em rocusea			99212 31-3			2-09			0.00							
Dage 1 of 1										CREATION 1		2-06-15		OTAL 2		.500.00		0 0			00		
Page1 of1									DATE														
						HEALTH 52 REI			53 ASG. BEN		54 PRI PAYME				5 EST. AMOUN DUE		NT T	T 56 NPL					
					1 2		1114			-		171					_		57				
																		OTHER PRV ID		_			
58 INSUREDS NAME							REL	60 INSUREDS (UNIQUE ID 61 GR		ROUF	UP NAME 6			52 INSURANCE GROUP NO.						
CO TOE	ATMENIT	64 DOCUMENT CONTROL NUMBER										CF F	MDLO	VEDA									
63 TREATMENT AUTHORIZATION CODES							64 DO	VIEIN	i COr	VIRC	JL NUM	UMBER				65 EMPLOYER NAME							
66						Т					\neg					\dashv					68		
DX						+		+			+			-									
69 ADM	111				TIENT							71 PPS				/2					73		
DX REASON DX										\dashv	CODE				CI								
	CIPAL PR	OCEDU	IRE a	OTHE	R PRC	CED	URE b) (OTHE	ER PR	OCE	DURE	75			76		NPL	. QL	JAL			
CODE DATE CODE								+	COL	DE		DATE	-				NDING Gasto		FIE	RST J	ohn		
										77	77 NP												
4	HER PRO					HER PROCEDURE							OPERATING LAST Gaston			FIRST John							
CODE DATE CODE							TE		CODE DATE			DATE							<u>-</u>				
80 REMARKS 81 CC																78		N	IPL	QUA	L [
a b																	OTHER LAST Gaston			FIRST John			
С																79	79 NPL QUA						
					d											OTHE LAST	R Gasto	n		FIRS	T Johr	 1	
																	24300	•			۱۱۱۱ کر .	-	