

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 Harvey Walsmith b Harvey Walsmith										8 PATIENT ADDRESS a 234 West Mountain Parkway b Bozeman c MT d 78546 e																														
10 BIRTHDATE		11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES															29 A CDT STA TE		30										
06/24/1992				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																						
Harvey Walsmith 234 West Mountain Parkway Montana Bozeman, 78546 Mob. No. Office. No.										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMONT																				
										a																														
										b																														
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										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																		
99213		Office Visit, Established, Expanded										99213		31-12-69				0.00																						
73221		Xray Hip, 1 View										73221		31-12-69				0.00																						
73721		New Office Visit, Expanded										73721		31-12-69				0.00																						
12234 5		Anesthesiologist Services										122345		31-12-69				2,500.00																						
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																						
		Page ____1____ of ____1____										CREATION DATE		09-04-15		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																				
										a						LAST Gaston				FIRST John																				
										b																														
										c						79 OTHER		NPL		QUAL																				
										d						LAST Gaston				FIRST John																				