1 Mayo Surgical, LLC 600 Chastain Road, Suite 220	John Gaston 4853 West 31		pt. 345,	a PAT. CNTL#			4 TYPE OF BILL
ennesaw, GA 30144 North Carolina 866-411-2525 PHONE Charlotte, 295 00-865-8691 FAX 7046589521							
8 PATIENT NAME a Brent Grimes b Brent Grimes	8 PATIENT AD		ļ	a C	d	0 e	
10 BIRTHDATE	DHR 15	17 SAT 18	19 20	21   22	TION CODES  23   24   25	26 27	29 A 30 CDT 28 STA
03-27-2015 HR TYP	E SRC						TE
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Brent Grimes	VALUE	CODES		VALUE CO	DES	VALUE C	ODES
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97110 Therapeutic procedure, one or more areas 12234 Anesthesiologist Services 5			31-12-69 31-12-69	2	0.00		
73221 Xray Hip, 1 View	73221	31-12-69		0.00			
Page1 of	1	CREATIC DATE	ON 27-03-15	TOTAL 2	2,500.00 00	0	00
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58 INSUREDS NAME	59 P. REL	60 INSUR	EDS UNIQUE	ID 61 GROU	JP NAME (	62 INSURANCE	GROUP NO.
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME							
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66 DX							68
69 ADMIT 70 PATIENT REASON D			71 PPS CODE		72 ECI		73
7 PRINCIPAL PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 75 76 NPL QUAL ATTENDING CODE DATE CODE DATE CODE DATE LAST Gaston FIRST John							
7 OTHER PROCEDURE a OTHER PRO	OTHER PR			77 OPERATING LAST Gaston	NPL QUAL		
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