

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										James Clement 345 So. Harvey Street, Florida Jacksonville, 35048 (904) 654-7415 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 Issac Bennett b Issac Bennett										8 PATIENT ADDRESS b c d 0 e																													
10 BIRTHDATE		11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES															29 A CDT STATE		30									
05-28-1977				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			32 OCCURRENCE CODE			33 OCCURRENCE CODE			34 OCCURRENCE CODE			35 OCCURRENCE CODE			36 OCCURRENCE CODE			37																					
DATE			DATE			DATE			DATE			FROM			THROUGH			THROUGH																					
Issac Bennett , 0 Mob. No. Office. No.										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT									
										a																													
										b																													
										c																													
										d																													
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES				48 NON-COVERED CHARGES				49													
97110		Therapeutic procedure, one or more areas										97110		31-12-69				2,500.00																					
		Page ____1____ of ____1____										CREATION DATE		11-06-15		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													
74		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75				76 ATTENDING		NPL		QUAL																			
		CODE		DATE		CODE		DATE		CODE		DATE				LAST Clement				FIRST James																			
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE						77 OPERATING		NPL		QUAL																			
		CODE		DATE		CODE		DATE		CODE		DATE				LAST Clement				FIRST James																			
80 REMARKS										81 CC								78 OTHER		NPL		QUAL																	
										a								LAST Clement				FIRST James																	
										b																													
										c								79 OTHER		NPL		QUAL																	
										d								LAST Clement				FIRST James																	