

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Wesley Woods Surgery Center 2958 Wesley Woods Drive, Georgia Decatur, 33542 7709651365 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 Brent Grimes b Brent Grimes										8 PATIENT ADDRESS b c d 0 e																																							
10 BIRTHDATE		11 SEX		12 ADMISSION DATE					13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		18 CONDITION CODES										29 A CDT STATE		30																		
03/03/1995																																																	
03-27-2015																																																	
31 OCCURRENCE CODE			32 OCCURRENCE DATE			33 OCCURRENCE CODE			34 OCCURRENCE DATE			35 OCCURRENCE CODE			36 OCCURRENCE FROM			37 OCCURRENCE THROUGH			38			39			40																						
Brent Grimes , 0 Mob. No.0 Office. No.0										a b c d										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT									
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RA TE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
97110		Therapeutic procedure, one or more areas										97110		31-12-69				0.00																															
122345		Anesthesiologist Services										122345		31-12-69				0.00																															
73221		Xray Hip, 1 View										73221		31-12-69				225.00																															
		Page ____1____ of ____1____										CREATION DATE		27-03-15		TOTAL		225.00		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												67												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 Woods Surgery Center				FIRST Wesley																															
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Woods Surgery Center				FIRST Wesley																															
		80 REMARKS										81 CC				78 OTHER		NPL		QUAL																													
												a				LAST Woods Surgery Center				FIRST Wesley																													
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