

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX										Test Doctor 1234 any S, Georgia Test City, 34404 1234567890 Contact										3a PAT. CNTL# b.MED REC # 5 FEED TAX No.					6 STATEMENT COVERS PERIOD FROM THROUGH					4 TYPE OF BILL								
8 PATIENT NAME a Ortho Test 1 Case 1 Test										8 PATIENT ADDRESS b Any city										a 1234 Any Street c GA d 30144 e																		
b Ortho Test 1 Case 1 Test																																						
10 BIRTHDATE			11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES													29 A CDT STA TE		30									
1-10-1963					12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28	
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																				
1234 Any Street Georgia Any city, 30144 Mob. No.(260) 740-7507 Office. No.(260) 740-7507										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT																		
										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																
		Page ____1____ of ____1____										CREATION DATE		04-03-15		TOTAL		0.00		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 LAST Doctor		NPL		QUAL																				
		CODE		DATE		CODE		DATE		CODE		DATE						FIRST Test																				
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST Doctor		NPL		QUAL																				
		CODE		DATE		CODE		DATE		CODE		DATE						FIRST Test																				
80 REMARKS				81 CC								78 OTHER LAST Doctor				NPL				QUAL																		
				a																FIRST Test																		
				b																																		
				c																79 OTHER				NPL				QUAL										
				d																				FIRST Test														