

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 Billy Vigas										8 PATIENT ADDRESS a 7493 So. 35th Avenue b Hartford c CT d 2346 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																			
10/18/1978																																																	
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																															
Billy Vigas 7493 So. 35th Avenue Connecticut Hartford, 2346 Mob. No.(654) 851-4569 Office. No.(365) 852-4569										a b c d										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMONT									
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
122345		Anesthesiologist Services										122345		31-12-69				1,000.00																															
73721		New Office Visit, Expanded										73721		31-12-69				0.00																															
99213		Office Visit, Established, Expanded										99213		31-12-69				0.00																															
97110		Therapeutic procedure, one or more areas										97110		31-12-69				0.00																															
73221		Xray Hip, 1 View										73221		31-12-69				0.00																															
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																															
		Page 1 of 1										CREATION DATE		06-04-15		TOTAL		1,000.00 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 Gaston				FIRST John																															
74		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																																							
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																				79 OTHER		NPL		QUAL																									
																				LAST Gaston				FIRST John																									