

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 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 Sargent Shriver				8 PATIENT ADDRESS a 123 Main Street				c GA d 30125 e																							
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES										29 A CDT STATE		30							
05/05/1985				12 Date		13 HR		14 TYPE		15 SRC																					
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																			
123 Main Street Georgia Marietta, 30125 Mob. No.2147483647 Office. No.2147483647				VALUE CODES				VALUE CODES				VALUE CODES																			
				CODE AMOUNT				CODE AMOUNT				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													
27786		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						27786		31-12-69				600.00																	
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				0.00																	
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				5,000.00																	
		Page ____1____ of ____1____						CREATION DATE		25-02-15		TOTAL		5,600.00		00		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		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Woods Surgery Center		FIRST Wesley															
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Woods Surgery Center		FIRST Wesley															
80 REMARKS				81 CC										78		NPL		QUAL													
				a										LAST Woods Surgery Center		FIRST Wesley															
				b																											
				c																											
				d										79		NPL		QUAL													
														LAST Woods Surgery Center		FIRST Wesley															

