

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				Medical Medical Medical, Illinois Alask, 12345 1234567890 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 Vikas Dhiman b Vikas Dhiman				8 PATIENT ADDRESS b Kangra				a Hello c IN d 123456 e													
10 BIRTHDATE 12-08-1980		11 SEX		ADMISSION 12 Date 13 HR 14 TYPE 15 SRC		16 DHR 17 SAT		CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28										29 A CDT STA TE		30	
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									
Hello Indiana Kangra, 123456 Mob. No. Office. No.				VALUE CODES CODE AMOUNT a b c d				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMONT									
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					
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST				20550		31-12-69				0.00									
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)				20605		31-12-69				0.00									
27130		ARTHROPLASTY, TOTAL HIP REPLACEMENT, ACETABULAR AN PROXIMAL FEMORAL PROSTHESIS (total hip replacement), with or without autograft or allograft				27130		31-12-69				0.00									
12234 5		Description				122345		31-12-69				0.00									
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST				20550		31-12-69				0.00									
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)				20605		31-12-69				1.44									
27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)				27125		31-12-69				2.00									
27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)				27125		31-12-69				2.00									
		Page 1 of 1				CREATION DATE		09-03-15		TOTAL		5.44		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 INSUREDS NAME				59 P. REL		60 INSUREDS 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 Medical		NPL		QUAL							
		CODE		DATE		CODE		DATE				77		NPL		QUAL					
																FIRST Medical					

7 4	OTHER PROCEDURE		a	OTHER PROCEDURE		b	OTHER PROCEDURE		OPERATING						
							LAST Medical		FIRST Medical						
	CODE	DATE		CODE	DATE		CODE	DATE							
80 REMARKS				81 CC						78		NPL	QUAL		
				a						OTHER					
				b						LAST Medical			FIRST Medical		
				c						79			NPL	QUAL	
				d						OTHER					
										LAST Medical			FIRST Medical		