

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				Dr James Clement 123 Main Street, Georgia Atlanta, 30305 7777777777 Contact				3a PAT. CNTL#				4 TYPE OF BILL																															
								b.MED REC #																																			
								5 FEED TAX No.		6 STATEMENT COVERS PERIOD		7																															
										FROM		THROUGH																															
8 PATIENT NAME				a Sargent Shriver				8 PATIENT ADDRESS				a 123 Main Street																															
b Sargent Shriver				b Marietta				c GA				d 30125		e																													
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES								29 A CDT		30																					
05/05/1985				12 Date		13 HR		14 TYPE		15 SRC																																	
31 OCCURRENCE CODE		DATE		32 OCCURRENCE CODE		DATE		33 OCCURRENCE CODE		DATE		34 OCCURRENCE CODE		DATE		35 OCCURRENCE CODE		FROM		THROUGH H		36 OCCURRENCE CODE		FROM		THROUGH H		37															
123 Main Street Georgia Marietta, 30125 Mob. No.2147483647 Office. No.2147483647				a				b				c				d				e				f				g				h				i				j			
42 REV. CD.		43 DESCRIPTION						44 HCPCS/R ATE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																									
27786		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						27786		16-02-15																																	
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		15-01-15																																	
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		15-01-15				500,000.00																													
		Page ____1____ of ____1____						CREATION DATE		25-02-15		TOTAL		500,000.00		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							
7 4		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL																									
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST Dr James																									
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																									
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST Dr James																									
80 REMARKS				81 CC										78 OTHER				NPL		QUAL																							
				a										LAST Clement				FIRST Dr James																									
				b																																							
				c																																							
				d										79 OTHER				NPL		QUAL																							
														LAST Clement				FIRST Dr James																									