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| 1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX | | | | | | Doctor Smith #606 Unite, Colorado State, 1234567 9569516378 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 | | Pain CaseManager | | | | | | 8 PATIENT ADDRESS | | | | | | a | | address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | b city | | | | | | c | | d 12345 e | | | | | | | | | | | | | | | | | |
| b Pain CaseManager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE | | 11 SEX | | ADMISSION | | | | 16 DHR | | 17 SAT | | CONDITION CODES | | | | | | | | | | 29 A | | 30 | | | | | | | | | | | | | | | |
| 11-09-2014 | | | | 12 Date | | 13 HR | | 14 TYPE | | 15 SRC | | | | | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | CDT STA TE | |
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| 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 | | | | | | | | | | | |
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| address city, 12345 Mob. No.0 Office. No.0 | | | | | | VALUE CODES | | | | | | VALUE CODES | | | | | | VALUE CODES | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | 1,000.00 | | | | | | | | | | | | | | | | | | | | | |
| 20605 | | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE) | | | | | | | | | | 20605 | | 31-12-69 | | | | 4,000.00 | | | | | | | | | | | | | | | | | | | | | |
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| | | Page ____1____ of ____1____ | | | | | | | | | | CREATION DATE | | 03-03-15 | | TOTAL | | 5,000.00 | | 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 | | | | | | | | | | | | | | | | | | | | | | | |
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| 58 INSUREDS NAME | | | | | | 59 P. REL | | 60 INSUREDS UNIQUE ID | | | | 61 GROUP NAME | | | | 62 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | |
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| 63 TREATMENT AUTHORIZATION CODES | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 66 DX | | | | | | | | | | | | | | | | | | 68 | | | | | | | | | | | | | | | | | | | | | |
| 69 ADMIT DX | | | | 70 PATIENT REASON DX | | | | | | | | 71 PPS CODE | | | | 72 ECI | | | | 73 | | | | | | | | | | | | | | | | | | | |
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| 7 4 | | PRINCIPAL PROCEDURE | | a | | OTHER PROCEDURE | | b | | OTHER PROCEDURE | | 75 | | 76 ATTENDING LAST Smith | | NPL 567A | | QUAL | | | | | | | | | | | | | | | | | | | | | |
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| 80 REMARKS | | | | | | 81 CC | | | | | | 78 OTHER LAST Smith | | NPL 567A | | QUAL | | | | | | | | | | | | | | | | | | | | | | | |
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