1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX	Dr James Clement 123 Main Street, Georgia Atlanta, 30305 7777777777 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 Zac Hudson	8 PATIENT ADDRESS	a				
b Zac Hudson		b	c		d 0	e	

10 BIRTHDATE	11 SEX	ADMISSION				16 DHR	17 SAT	CONDITION CODES											29 ACDT STATE	30
11-23-1984		12 Date	13 HR	14 TYPE	15 SRC			18	19	20	21	22	23	24	25	26	27	28		
12-31-1969																				

31 OCCURRENCE		32 OCCURRENCE		33 OCCURRENCE		34 OCCURRENCE		35 OCCURRENCE			36 OCCURRENCE			37
CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	FROM	THROUGH	CODE	FROM	THROUGH	

Zac Hudson , 0 Mob. No. Office. No.		VALUE CODES		VALUE CODES		VALUE CODES	
		CODE	AMOUNT	CODE	AMOUNT	CODE	AMONT
	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
73221	Xray Hip, 1 View	73221	31-12-69		600.00				
	Page _____1____ of ___1____	*CREATION DATE*	15-04-15	*TOTAL*	600.00	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 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

74 PRINCIPAL PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE		75
CODE	DATE	CODE	DATE	CODE	DATE	
74 OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE		
CODE	DATE	CODE	DATE	CODE	DATE	

76 ATTENDING	NPL	QUAL	
LAST Clement		FIRST Dr James	
77 OPERATING	NPL	QUAL	
LAST Clement		FIRST Dr James	

80 REMARKS	81 CC			
	a			
	b			
	c			
	d			

78 OTHER		NPL	QUAL	
LAST Clement			FIRST Dr James	
79 OTHER		NPL	QUAL	
LAST Clement			FIRST Dr James	