

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# b.MED REC # 5 FEED TAX No.				6 STATEMENT COVERS PERIOD FROM THROUGH				4 TYPE OF BILL 7					
8 PATIENT NAME a Sargent Shriver b Sargent Shriver				8 PATIENT ADDRESS b Marietta				a 123 Main Street c GA d 30125 e													
10 BIRTHDATE 05/05/1985		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									
123 Main Street Georgia Marietta, 30125 Mob. No.2147483647 Office. No.2147483647				a b c d		VALUE CODES CODE AMOUNT		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					
27786		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST				27786		31-12-69				300.00									
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				0.00									
		Page ____1____ of ____1____				CREATION DATE		24-02-15		TOTAL		300.00 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						79 OTHER		NPL		QUAL							
				d						LAST Clement				FIRST Dr James							