

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 John Gordon b John Gordon										8 PATIENT ADDRESS a 123 Main Street b Duluth c GA d 30542 e																						
10 BIRTHDATE		11 SEX		12 ADMISSION DATE					13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		18 CONDITION CODES										29 A CDT STATE		30	
06/25/1986																																
03-28-2015																																
31 OCCURRENCE CODE		32 OCCURRENCE CODE		33 OCCURRENCE CODE		34 OCCURRENCE CODE		35 OCCURRENCE CODE		36 OCCURRENCE CODE		37																				
DATE		DATE		DATE		DATE		FROM		THROUGH		THROUGH																				
John Gordon 123 Main Street Georgia Duluth, 30542 Mob. No. Office. No.										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT												
										a																						
										b																						
										c																						
										d																						
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49										
97110		Therapeutic procedure, one or more areas										97110		03-28-2015																		
99213		Office Visit, Established, Expanded										99213		03-28-2015																		
73221		Xray Hip, 1 View										73221		03-28-2015																		
122345		Anesthesiologist Services										122345		03-28-2015																		
73030		MRI Upper Extremity, Joint										73030		03-28-2015																		
		Page 1 of 1										CREATION DATE		30-03-15		TOTAL		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						
74		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76		NPL		QUAL														
		CODE		DATE		CODE		DATE		CODE		DATE		ATTENDING				FIRST Dr James														
														LAST Clement																		
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		77		NPL		QUAL																
		CODE		DATE		CODE		DATE		CODE		DATE		OPERATING				FIRST Dr James														
														LAST Clement																		
80 REMARKS										81 CC						78		NPL		QUAL												
										a						OTHER				FIRST Dr James												
										b						LAST Clement																
										c						79		NPL		QUAL												
										d						LAST Clement				FIRST Dr James												

