

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 STATE		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		36 OCCURRENCE CODE		FROM		THROUGH		37	
123 Main Street Georgia Marietta, 30125 Mob. No.2147483647 Office. No.2147483647				VALUE CODES				VALUE CODES				VALUE CODES																	
				CODE				AMOUNT				CODE				AMOUNT				CODE				AMONT					
				a																									
				b																									
				c																									
				d																									
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				500.00															
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		11-02-15		TOTAL		500.00		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		NPL		QUAL											
		CODE		DATE		CODE		DATE		CODE		DATE		ATTENDING															
														LAST Clement		FIRST Dr James													
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77		NPL		QUAL											
		CODE		DATE		CODE		DATE		CODE		DATE		OPERATING															
														LAST Clement		FIRST Dr James													
80 REMARKS				81 CC										78		NPL		QUAL											
				a										OTHER															
				b										LAST Clement		FIRST Dr James													
				c										79		NPL		QUAL											
				d										OTHER															
														LAST Clement		FIRST Dr James													