

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX										Medical Medical Medical, Illinois Alask, 12345 1234567890 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 Ortho CaseManager b Ortho CaseManager										8 PATIENT ADDRESS b city c address d 12345 e																					
10 BIRTHDATE 11-09-2014		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															
address city, 12345 Mob. No.0 Office. No.0										VALUE CODES CODE AMOUNT a b c d				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMONT													
42 REV. CD. 73221 73030		43 DESCRIPTION Xray Hip, 1 View MRI Upper Extremity, Joint						44 HCPCS/R ATE/HIPPS CODE 73221 73030		45 SERV. DATE 31-12-69 31-12-69		45 SERV. UNITS		47 TOTAL CHARGES 12.00 230.00		48 NON-COVERED CHARGES		49													
Page ____1____ of ____1____										CREATION DATE 12-03-15		TOTAL		242.00		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																			
74 PRINCIPAL PROCEDURE CODE DATE		a OTHER PROCEDURE CODE DATE		b OTHER PROCEDURE CODE DATE		75		76 ATTENDING LAST Medical		NPL		QUAL				FIRST Medical															
74 OTHER PROCEDURE CODE DATE		a OTHER PROCEDURE CODE DATE		b OTHER PROCEDURE CODE DATE				77 OPERATING LAST Medical		NPL		QUAL				FIRST Medical															
80 REMARKS		81 CC a b c d								78 OTHER LAST Medical		NPL		QUAL		FIRST Medical															
										79 OTHER LAST Medical		NPL		QUAL		FIRST Medical															