

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				Anesthesiologist Logist #107-108, California Alaska, 123456 9569516378 Contact				3a PAT. CNTL#				4 TYPE OF BILL																											
								b.MED REC #		6 STATEMENT COVERS PERIOD		7																											
								5 FEED TAX No.		FROM		THROUGH																											
8 PATIENT NAME				a Test Mananger				8 PATIENT ADDRESS				a																											
b Test Mananger				b				c				d 0 e																											
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES								29 A CDT		30																	
12-12-2000				12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28		STA TE	
31 OCCURRENCE CODE		DATE		32 OCCURRENCE CODE		DATE		33 OCCURRENCE CODE		DATE		34 OCCURRENCE CODE		DATE		35 OCCURRENCE CODE		FROM		THROUGH H		36 OCCURRENCE CODE		FROM		THROUGH H		37											
, 0 Mob. No.0 Office. No.0				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				0.00																									
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		31-12-69				0.00																									
		Page ____1____ of ____1____						CREATION DATE		05-03-15		TOTAL		0.00		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 Logist				FIRST Anesthesiologist																					
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																					
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Logist				FIRST Anesthesiologist																					
80 REMARKS				81 CC										78 OTHER		NPL		QUAL																					
				a										LAST Logist				FIRST Anesthesiologist																					
				b																																			
				c																																			
				d										79 OTHER		NPL		QUAL																					
														LAST Logist				FIRST Anesthesiologist																					

