

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 Mesh Case Three										8 PATIENT ADDRESS b Any City										a 1598 Any Street c IN d 47862 e																		
b Mesh Case Three																																						
10 BIRTHDATE			11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES										29 A CDT STA TE		30												
02021956					12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28	
12-31-1969																																						
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																				
Mesh Case Three 1598 Any Street Indiana Any City, 47862 Mob. No.(236) 254-1233 Office. No.(256) 325-4123										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES 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																
99213		Office Visit, Established, Expanded										99213		31-12-69				800.00																				
73721		New Office Visit, Expanded										73721		31-12-69				250.00																				
		Page ____1____ of ____1____										CREATION DATE		20-03-15		TOTAL		1,050.00		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																		