3600 DALLAS HIGHWAY						Or Jam 123 M Atlanta	eet, G	eorgia)		3a PAT. CNTL# b.MED REC #			4 TYPE OF BILL							
MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX						7777777777 Contact					5 FEED TAX			6 STATEMENT COVERS PERIOD FROM THROUGH				UGH	7		
8 PATIENT NAME a Sargent Shriver b Sargent Shriver 10 BIRTHDATE 11 ADMISSION SEX						8 PAT b <u>Mar</u>		17	ss			123 Main S GA d 30125 TION CODES									
05/0	5/1985		12 Date	13 HR	14 TYPE	15 SRC			18	19	20	21	22	23	24	25	26	27		STA TE	
31 OCC CODE	DATE	_		NCE ATE	33 OC COD		RENCE	34 OC COD		ENC DATE			FROM	NCE THROUG H	G CC	36 C	FRO		E ROUG H	37	
123 Ma	in						VALUE	CODI	FS .			VA	ALUE COI	DES			VA	ALUF (CODES		
Street Georgia Marietta, 30125 Mob. No.2147483647 Office. No.2147483647					a b c d	ODE		1OUNT			CODE		AMOUN			COI	$\overline{}$		ONT		
42 REV. CD.	V. D.						ATE/HIPPS CODE					5 SERV. 45 SERV. 47 DATE UNITS							ION-COVERED 49 CHARGES		
27786	TRIC INJEC TRIC	GGER CTION GGER	POINTS, TENDON POINTS,	OR G N SHE OR G	SANGLI EATH, L SANGLI	ON CY IGAM ON CY	YST ENT, YST		20550		1-12-69			0.00							
20550			TENDON POINTS,						20550	3	1-12-69			0.00							
Page1 of 50 PAYER NAME						1 HEALTH 52 REL			EATIO DATE 53 A				00.00 00 5 EST. AMOUNT		0 56 NPL		0	0			
						N ID	INF			N		MEN			UE		57 OTH	7			
58 INSUREDS NAME				Ē	59 P. F	REL	60	INSUR	EDS	UNIQUE	ID 6	51 GROU	P NAME	<u> </u>	62	PRV		GROU	JP NO.		
63 TREATMENT AUTHORIZATION CODES					DES	64 DOCUMENT CONTRO					OL NUMBER			65	65 EMPLOYER NAME						
66 DX																			68		
69 ADMIT 70 PATIENT REASON DX											71 PPS CODE			72 ECI					73		
4	CIPAL PRO	DATE		OTHE	R PRÓ	CEDU DAT			ier pr de		DATE	75			ENDIN T Clen	IG nent	ŀ	QUAL FIRST QUAL	Dr Jan	nes	
4	HER PROC	EDUR DATE		OTHE	R PRO	CEDU DAT			HER PF		DATE			OPE	RATIN T Clen	IG			Dr Jan	nes	
80 REM	ARKS			8	1 CC a b										ER Γ Clen	nent	NPL		ST Dr J	ames	
					c d									79 OTH			NPL	QUA FIRS	AL ST Dr J	ames	