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|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------|--|--|--|--|------------------------------------------------------|--|--|--|--|----------------------------------------------|--|--|--|--|-------------------------------|--|----|--|--|---------------------------|--|--|--|--|----|--|
| 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 Mesh Attorney b Mesh Attorney | | | | | | | | | | 8 PATIENT ADDRESS b city c address d 12345 e | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTHDATE 11-09-2014 | | | | | 11 SEX 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 Indiana city, 12345 Mob. No.0 Office. No.0 | | | | | | | | | | a b c d | | | | | VALUE CODES CODE AMOUNT | | | | | VALUE CODES CODE AMOUNT | | | | | VALUE CODES CODE AMONT | | | | | | | | | | | | | | | | |
| 42 REV. CD. | | | | | 43 DESCRIPTION MRI Upper Extremity, Joint Xray Hip, 1 View | | | | | | | | | | 44 HCPCS/R ATE/HIPPS CODE 73030 73221 | | | | | 45 SERV. DATE 12-03-15 12-03-15 | | | | | 46 SERV. UNITS | | | | | 47 TOTAL CHARGES 12,000.00 | | | | | 48 NON-COVERED CHARGES | | | | | 49 | |
| Page 1 of 1 | | | | | | | | | | CREATION DATE | | | | | 12-03-15 | | | | | TOTAL | | | | | 12,000.00 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 | | | | | | | | | | | | | | | | |