

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Ron Jon										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 Test Mesh 6 b Test Mesh 6										8 PATIENT ADDRESS b Muncie										a 123 Test Street c IL d 32054 e									
10 BIRTHDATE		11 SEX		12 Date				13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		18 19 20 21 22 23 24 25 26 27 28										29 A CDT 30 STA TE	
01-17-1953																													
08-07-2015																													
31 OCCURRENCE CODE		32 OCCURRENCE CODE		33 OCCURRENCE CODE		34 OCCURRENCE CODE		35 OCCURRENCE CODE		36 OCCURRENCE CODE		37																	
DATE		DATE		DATE		DATE		FROM		THROUGH		H																	
Test Mesh 6 123 Test Street Illinois Muncie, 32054 Mob. No.(654) 987-1236 Office. No.(654) 789-8523										a b c d				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMONT							
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
57287		Sling Revision										57287		31-12-69				0.00											
57287		Sling Revision										57287		31-12-69				7,000.00											
		Page ____1____ of ____1____										CREATION DATE		09-06-15		TOTAL		7,000.00		00		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		a OTHER PROCEDURE		b OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Jon		FIRST Ron													
74		OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE				77 OPERATING		NPL		QUAL															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Jon		FIRST Ron													
80 REMARKS				81 CC						78 OTHER		NPL		QUAL															
				a						LAST Jon				FIRST Ron															
				b																									
				c						79 OTHER		NPL		QUAL															
				d						LAST Jon				FIRST Ron															