1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144	Dr James Cle 123 Main Str Atlanta, 303	C	3a PAT. CNTL# b.MED REC #			4 TYPE OF BILL							
2 866-411-2525 PHONE 800-865-8691 FAX	7777777777		t	5	FEED TAX	6 9	STATEM RIOD FROM		THROUGH	7			
8 PATIENT NAME a Brent Grimes b Brent Grimes	8 PATIENT A	DDRESS	5		а		d	_	0 e				
10 BIRTHDATE 11 ADMISSION SEX	16 DHR	17 SAT			CON	DITIO	V CODE:	S		29 A CD1	30		
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42 43 DESCRIPTION REV. CD.	ATE,	/HIPPS ODE	DATE	45 SERV. UNITS			ARGES	48 NON-C CHAR		49			
97110 Therapeutic procedure, one or more areas 12234 Anesthesiologist Services				31-12-69 31-12-69		1,20							
5 73221 Xray Hip, 1 View			3221	31-12-69		0.0	00						
Page1 of1			ATION ATE	27-03-15	TOTAL	1,20	0.00	00	0	00			
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58 INSUREDS NAME	59 P. REL	60 IN	 SURED	S UNIQUE	ID 61 GR	OUP N	AME	62	PRV ID INSURANCE	GROUP N	Ю.		
63 TREATMENT AUTHORIZATION CODES	64 DO	64 DOCUMENT CONTROL NUMBER						65 EMPLOYER NAME					
66 DX										68			
69 ADMIT 70 PATIENT REASON DX				71 PPS CODE		72 ECI		<u> </u>		73			
7 PRINCIPAL PROCEDURE a OTHER PRO	OTHE	ER PROC	CEDURE	75		_ 76 ATTEND		PL QUAL					
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