

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										John Gaston										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 Howard Long b Howard Long										8 PATIENT ADDRESS b c d 0 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 STATE		30																			
03/12/1946																																																	
12-31-1969																																																	
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			THROUGH																															
Howard Long , 0 Mob. No. Office. No.										VALUE CODES CODE AMOUNT a b c d										VALUE CODES CODE AMOUNT CODE AMOUNT										VALUE CODES CODE AMOUNT CODE AMOUNT																			
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RA TE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
122345		Description										122345		31-12-69				2,500.00																															
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																															
99212		Office Visit, Established, Problem Focused										99212		31-12-69				0.00																															
99212		Office Visit, Established, Problem Focused										99212		31-12-69				0.00																															
99213		Office Visit, Established, Expanded										99213		31-12-69				0.00																															
122345		Description										122345		31-12-69				2,500.00																															
		Page ____1____ of ____1____										CREATION DATE		07-05-15		TOTAL		5,000.00		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		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76		NPL		QUAL																															
		CODE		DATE		CODE		DATE		CODE		DATE		ATTENDING				LAST Gaston		FIRST John																													
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77		NPL		QUAL																															
		CODE		DATE		CODE		DATE		CODE		DATE		OPERATING				LAST Gaston		FIRST John																													
80 REMARKS										81 CC						78		NPL		QUAL																													
										a						OTHER				LAST Gaston		FIRST John																											
										b																																							
										c						79		NPL		QUAL																													
										d						OTHER				LAST Gaston		FIRST John																											