

|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
|------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|----------------------------|--|-----------------|--|----------------------------|--|-------------------------------------------------------------------------------------------------------|--|---------------------------------|--|----------------------------|--|------------------------------------|--|--------------------------------------------------------|--|------------------------------------------------------|--|---------------------------|--|-------------------------------------------------|--|----|--|--------------------------|--|----|--|
| 1 Mayo Surgical, LLC<br>600 Chastain Road, Suite 220<br>Kennesaw, GA 30144<br>2 866-411-2525 PHONE<br>800-865-8691 FAX |  |                                            |  |                            |  |                 |  |                            |  | Doctor Vikas<br>Sector 8-C, Madhya Marg, Illinois<br>Chandigarh, 4423423423<br>(956) 951-6378 Contact |  |                                 |  |                            |  |                                    |  |                                                        |  | 3a PAT.<br>CNTL#<br>b.MED REC #<br>5 FEED TAX<br>No. |  |                           |  | 6 STATEMENT COVERS<br>PERIOD<br>FROM<br>THROUGH |  |    |  | 4 TYPE OF<br>BILL<br>7   |  |    |  |
| 8 PATIENT NAME<br>a Howard Long<br>b Howard Long                                                                       |  |                                            |  |                            |  |                 |  |                            |  | 8 PATIENT ADDRESS<br>b                                                                                |  |                                 |  |                            |  |                                    |  |                                                        |  | a<br>c<br>d 0<br>e                                   |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 10 BIRTHDATE                                                                                                           |  | 11 SEX                                     |  | 12 ADMISSION<br>Date       |  |                 |  | 13 HR                      |  | 14 TYPE                                                                                               |  | 15 SRC                          |  | 16 DHR                     |  | 17 SAT                             |  | 18 CONDITION CODES<br>18 19 20 21 22 23 24 25 26 27 28 |  |                                                      |  |                           |  |                                                 |  |    |  | 29 A<br>CDT<br>STA<br>TE |  | 30 |  |
| 03/12/1946                                                                                                             |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 12-31-1969                                                                                                             |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 31 OCCURRENCE<br>CODE DATE                                                                                             |  |                                            |  | 32 OCCURRENCE<br>CODE DATE |  |                 |  | 33 OCCURRENCE<br>CODE DATE |  |                                                                                                       |  | 34 OCCURRENCE<br>CODE DATE      |  |                            |  | 35 OCCURRENCE<br>CODE FROM THROUGH |  |                                                        |  | 36 OCCURRENCE<br>CODE FROM THROUGH                   |  |                           |  | 37                                              |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| Howard Long<br>, 0<br>Mob. No.<br>Office. No.                                                                          |  |                                            |  |                            |  |                 |  |                            |  | a<br>b<br>c<br>d                                                                                      |  |                                 |  | VALUE CODES<br>CODE AMOUNT |  |                                    |  | VALUE CODES<br>CODE AMOUNT                             |  |                                                      |  | VALUE CODES<br>CODE AMONT |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 42 REV.<br>CD.                                                                                                         |  | 43 DESCRIPTION                             |  |                            |  |                 |  |                            |  |                                                                                                       |  | 44 HCPCS/R<br>ATE/HIPPS<br>CODE |  | 45 SERV.<br>DATE           |  | 46 SERV.<br>UNITS                  |  | 47 TOTAL CHARGES                                       |  |                                                      |  | 48 NON-COVERED<br>CHARGES |  |                                                 |  | 49 |  |                          |  |    |  |
| 12234<br>5                                                                                                             |  | Description                                |  |                            |  |                 |  |                            |  |                                                                                                       |  | 122345                          |  | 31-12-69                   |  |                                    |  | 0.00                                                   |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 73030                                                                                                                  |  | MRI Upper Extremity, Joint                 |  |                            |  |                 |  |                            |  |                                                                                                       |  | 73030                           |  | 31-12-69                   |  |                                    |  | 200.00                                                 |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 99212                                                                                                                  |  | Office Visit, Established, Problem Focused |  |                            |  |                 |  |                            |  |                                                                                                       |  | 99212                           |  | 31-12-69                   |  |                                    |  | 300.00                                                 |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 99212                                                                                                                  |  | Office Visit, Established, Problem Focused |  |                            |  |                 |  |                            |  |                                                                                                       |  | 99212                           |  | 31-12-69                   |  |                                    |  | 0.00                                                   |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 99213                                                                                                                  |  | Office Visit, Established, Expanded        |  |                            |  |                 |  |                            |  |                                                                                                       |  | 99213                           |  | 31-12-69                   |  |                                    |  | 0.00                                                   |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 12234<br>5                                                                                                             |  | Description                                |  |                            |  |                 |  |                            |  |                                                                                                       |  | 122345                          |  | 31-12-69                   |  |                                    |  | 0.00                                                   |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| Page 1 of 1                                                                                                            |  |                                            |  |                            |  |                 |  |                            |  | CREATION<br>DATE                                                                                      |  | 07-05-15                        |  | TOTAL                      |  | 500.00 00                          |  |                                                        |  | 0 00                                                 |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 50 PAYER NAME                                                                                                          |  |                                            |  |                            |  |                 |  |                            |  | 51 HEALTH<br>PLAN ID                                                                                  |  | 52 REL<br>INFO                  |  | 53 ASG.<br>BEN             |  | 54 PRIOR<br>PAYMENT                |  | 55 EST. AMOUNT<br>DUE                                  |  |                                                      |  | 56 NPL                    |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  | 57<br>OTHER<br>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<br>DX                                                                                                         |  | 70 PATIENT<br>REASON DX                    |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  | 71 PPS<br>CODE                     |  | 72 ECI                                                 |  |                                                      |  |                           |  | 73                                              |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 74                                                                                                                     |  | PRINCIPAL PROCEDURE                        |  | a                          |  | OTHER PROCEDURE |  | b                          |  | OTHER PROCEDURE                                                                                       |  | 75                              |  | 76                         |  | NPL                                |  | QUAL                                                   |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  | CODE                                       |  | DATE                       |  | CODE            |  | DATE                       |  | CODE                                                                                                  |  | DATE                            |  | ATTENDING                  |  |                                    |  | FIRST                                                  |  | Doctor                                               |  |                           |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  | LAST                       |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 74                                                                                                                     |  | OTHER PROCEDURE                            |  | a                          |  | OTHER PROCEDURE |  | b                          |  | OTHER PROCEDURE                                                                                       |  | 77                              |  | NPL                        |  | QUAL                               |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  | CODE                                       |  | DATE                       |  | CODE            |  | DATE                       |  | CODE                                                                                                  |  | DATE                            |  | OPERATING                  |  |                                    |  | FIRST                                                  |  | Doctor                                               |  |                           |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  | LAST                       |  |                                    |  |                                                        |  |                                                      |  |                           |  |                                                 |  |    |  |                          |  |    |  |
| 80 REMARKS                                                                                                             |  |                                            |  |                            |  |                 |  |                            |  | 81 CC                                                                                                 |  |                                 |  |                            |  | 78                                 |  |                                                        |  | NPL                                                  |  | QUAL                      |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  | a                                                                                                     |  |                                 |  |                            |  | OTHER                              |  |                                                        |  |                                                      |  | QUAL                      |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  | b                                                                                                     |  |                                 |  |                            |  | LAST                               |  |                                                        |  |                                                      |  | FIRST                     |  | Doctor                                          |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  | c                                                                                                     |  |                                 |  |                            |  | 79                                 |  |                                                        |  | NPL                                                  |  | QUAL                      |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  | d                                                                                                     |  |                                 |  |                            |  | OTHER                              |  |                                                        |  |                                                      |  | QUAL                      |  |                                                 |  |    |  |                          |  |    |  |
|                                                                                                                        |  |                                            |  |                            |  |                 |  |                            |  |                                                                                                       |  |                                 |  |                            |  | LAST                               |  |                                                        |  |                                                      |  | FIRST                     |  | Doctor                                          |  |    |  |                          |  |    |  |