

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										John Gaston 4853 West 31st Street, Apt. 345, North Carolina Charlotte, 29584 7046589521 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 John Gordon b John Gordon										8 PATIENT ADDRESS a 123 Main Street b Duluth c GA d 30542 e																																																	
10 BIRTHDATE		11 SEX		12 ADMISSION Date					13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		18 CONDITION CODES										29 A CDT STA TE		30																												
06/25/1986																																																											
03-28-2015																																																											
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																																															
John Gordon 123 Main Street Georgia Duluth, 30542 Mob. No. Office. No.										a b c d										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMONT																			
42 REV. CD.		43 DESCRIPTION										44 HCPCS/R ATE/HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																																					
97110		Therapeutic procedure, one or more areas										97110		31-12-69				0.00																																									
99213		Office Visit, Established, Expanded										99213		31-12-69				0.00																																									
73221		Xray Hip, 1 View										73221		31-12-69				0.00																																									
12234 5		Anesthesiologist Services										122345		31-12-69				2,500.00																																									
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																																									
		Page 1 of 1										CREATION DATE		28-03-15		TOTAL		2,500.00		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 ATTENDING LAST Gaston		NPL		QUAL		FIRST John																																							
		CODE		DATE		CODE		DATE		CODE		DATE																																															
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST Gaston		NPL		QUAL		FIRST John																																							
		CODE		DATE		CODE		DATE		CODE		DATE																																															
80 REMARKS										81 CC										78 OTHER LAST Gaston										NPL										QUAL										FIRST John									
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																				79 OTHER LAST Gaston										NPL										QUAL										FIRST John									