

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX				Wesley Woods Medical Center				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 Sylvia Bernackie				8 PATIENT ADDRESS b Naples				a 7854 West Manta Street c FL d 35685 e																			
10 BIRTHDATE		11 SEX		ADMISSION		16 DHR		17 SAT		CONDITION CODES								29 A CDT 30 STA TE									
09-12-1989				12 Date		13 HR		14 TYPE		15 SRC																	
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															
Sylvia Bernackie 7854 West Manta Street Florida Naples, 35685 Mob. No.(675) 816-9542 Office. No.(657) 958-4452				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMOUNT				VALUE CODES CODE AMONT															
a																											
b																											
c																											
d																											
42 REV. CD.		43 DESCRIPTION				44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49											
122345		Description				122345		31-12-69				0.00															
73600		MRI Lower Extremity, Joint				73600		31-12-69				0.00															
97300		Back Surgery				97300		31-12-69				0.00															
99212		Office Visit, Established, Problem Focused				99212		31-12-69				300.00															
99213		Office Visit, Established, Expanded				99213		31-12-69				300.00															
73600		MRI Lower Extremity, Joint				73600		31-12-69				6,000.00															
		Page 1 of 1				CREATION DATE		25-05-15		TOTAL		6,600.00		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		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE															
										LAST Medical Center				FIRST Wesley Woods													
74		OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE				77 OPERATING		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE															
										LAST Medical Center				FIRST Wesley Woods													
80 REMARKS				81 CC						78 OTHER		NPL		QUAL													
				a						LAST Medical Center				FIRST Wesley Woods													
				b																							
				c																							
				d						79 OTHER		NPL		QUAL													
										LAST Medical Center				FIRST Wesley Woods													