

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										3a PAT. CNTL# b.MED REC # 5 FEED TAX No.										4 TYPE OF BILL 6 STATEMENT COVERS PERIOD FROM THROUGH																																																											
8 PATIENT NAME a Test Mesh 6										8 PATIENT ADDRESS a 123 Test Street b Muncie c IL d 32054 e																																																																					
10 BIRTHDATE 01-17-1953 08-07-2015										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 30 STA TE																																																																					
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																			
Test Mesh 6 123 Test Street Illinois Muncie, 32054 Mob. No.(654) 987-1236 Office. No.(654) 789-8523										a b c d										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMONT																																							
42 REV. CD. 57287 57287										43 DESCRIPTION Sling Revision Sling Revision										44 HCPCS/RATE/HIPPS CODE 57287 57287										45 SERV. DATE 31-12-69 31-12-69										45 SERV. UNITS										47 TOTAL CHARGES 7,000.00 0.00										48 NON-COVERED CHARGES										49									
Page 1 of 1										CREATION DATE 09-06-15										TOTAL										7,000.00										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 ATTENDING NPL QUAL LAST Hackworth FIRST Scott										77 OPERATING NPL QUAL LAST Hackworth FIRST Scott																																							
74 OTHER PROCEDURE a										OTHER PROCEDURE b										OTHER PROCEDURE																																																											
80 REMARKS										81 CC a b c d										78 OTHER NPL QUAL LAST Hackworth FIRST Scott										79 OTHER NPL QUAL LAST Hackworth FIRST Scott																																																	