1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282	Dr James Clement 123 Main Street, G Atlanta, 30305	Georgia CN b.I	PAT. ITL# MED REC #		4 TYPE OF BILL
MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX	777777777 Conta	No			THROUGH
8 PATIENT NAME a Mesh Case Three b Mesh Case Three	8 PATIENT ADDRE b Any City	ESS	a c IN	d 478	ny Street 862 e
10 BIRTHDATE	DHR SAT		CONDITIO 21 22 23		29 A 30 CDT 26 27 28 STA TE
31 OCCURRENCE 32 OCCURRENCE 33 O		OCCUPRENCE 35	OCCURRENCE	36.00	CCURRENCE 37
CODE DATE CODE DATE COL					FROM THROUG
1598 Any Street Indiana Any City, 47862 Mob. No.(236) 254-1233 Office. No.(256) 325-4123 b c d	VALUE COD		VALUE CODES AMOUNT	CODE	VALUE CODES E AMONT
42 43 DESCRIPTION REV. CD. 99213 Office Visit, Established, E	A	4 HCPCS/R 45 SERV. 4 ATE/HIPPS DATE CODE 99213 31-12-69	UNITS	OTAL CHARGES	48 NON-COVERED 49 CHARGES
73721 New Office Visit, Expan		73721 31-12-69		0.00	
Page1 of		CREATION 20-03-15 DATE		0.00 00	0 00
	HEALTH 52 REL AN ID INFO	53 ASG. 54 P BEN PAYN		EST. AMOUNT DUE	56 NPL 57 OTHER
58 INSUREDS NAME	59 P. REL 60	O INSUREDS UNIQUE	ID 61 GROUP N	IAME 62 II	PRV ID NSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME					
66 DX					68
69 ADMIT 70 PATIENT REASON DX	I I	71 PPS CODE	72 ECI		73
7 PRINCIPAL PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 75 4 CODE DATE CODE DATE CODE DATE 7 OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 4 CODE DATE CODE DATE CODE DATE 5 OTHER PROCEDURE CODE DATE CODE DATE 6 OTHER PROCEDURE CODE DATE CODE DATE 7 OTHER PROCEDURE CODE DATE CODE DATE					
80 REMARKS 81 CC a b c d				OTHER LAST Clement	FIRST Dr James PIRST Dr James FIRST Dr James