1 Mayo Surgical, LLC 600 Chastain Road, Suite 220	Dr James Cle 123 Main Sti	reet, Geor	rgia	CN	PAT. ITL#			4 TYPE OF BILL
Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX	Atlanta, 303 7777777777				MED REC # FEED TAX	6 STATEMEI PERIOD FROM	NT COVERS THROUGH	7
8 PATIENT NAME a Hoe Shelby b Hoe Shelby	8 PATIENT A	ADDRESS			a	 d	0 e	
10 BIRTHDATE 11 ADMISSION SEX	DN 16	17 SAT			CONDIT	TION CODES		29 A 30 CDT
03/28/1745 12 Date 13 HR T	.4 15 PE SRC		18 19	20	21 22	23 24	25 26 27	28 STA TE
03-12-2015								
31 OCCURRENCE 32 OCCURRÊNCE 33 CODE DATE CODE DATE	OCCURRENCE ODE DATE	34 OCCU CODE	JRRENCE DATE	35 CODE	OCCURRENT FROM		36 ÖCCURRENC	E 37 IROUG H
Hoe Shelby	VALU	E CODES			VALUE COI	DES.	VALUE	CODES
, 0 Mob. No. Office. No. b c		MOUNT		CODE	AMOUN			IONT
42 43 DESCRIPTIO REV. CD.	N		HIPPS D		5 SERV. 47 UNITS	TOTAL CHA		COVERED 49 RGES
99213 Office Visit, Established, Expanded 99213 31-12-69 800.00								
Page1 of _	_1	CREA	ATION 23-	03-15	TOTAL 8	300.00	00 0	00
			33 ASG. BEN	54 PF		55 EST. AMOI DUE	UNT 56 NPL	<u> </u>
	59 P. REL						57 OTHER PRV ID 62 INSURANCI	CROUD NO
58 INSUREDS NAME	D9 P. REL	OU IIVS	OUKEDS U	NIQUE	D 61 GROU	PINAME	02 INSURANCE	GROUP NO.
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME								
66 DX								68
69 ADMIT 70 PATIE DX REASON				'1 PPS CODE		72 ECI		73
4 CODE DATE CODE	DATE ROCEDURE	CODE	R PROCED DA R PROCED	\TE	5	76 ATTENDIN LAST Cler 77 OPERATIN	nent FIRST NPL QUAL IG	
CODE DATE CODE	DATE	CODE	D/A	TE		LAST Cler	nent FIRST	Dr James
80 REMARKS 81 C a b c d						78 OTHER LAST Cler 79 OTHER LAST Cler	NPL QU	ST Dr James