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| 1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX | | | | | | | | | | James Clement 345 So. Harvey Street, Florida Jacksonville, 35048 (904) 654-7415 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 Art Best | | | | | | | | | | 8 PATIENT ADDRESS b Lawrenceville | | | | | | | | | | a 24 Silver Street c GA d 30362 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 | | | | | |
| 08-25-2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12-31-1969 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Best 24 Silver Street Georgia Lawrenceville, 30362 Mob. No.(404) 851-7594 Office. No.(770) 965-7326 | | | | | | | | | | a | | b | | c | | d | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | CODE | | AMOUNT | | CODE | | AMOUNT | | CODE | | AMOUNT | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | |
| 73562 | | Xray Ankle | | | | | | | | | | 73562 | | 31-12-69 | | | | 600.00 | | | | | | | | | | | | | | | | | |
| 99214 | | Office Visit, Established, Detailed | | | | | | | | | | 99214 | | 31-12-69 | | | | 350.00 | | | | | | | | | | | | | | | | | |
| 73600 | | MRI Lower Extremity, Joint | | | | | | | | | | 73600 | | 31-12-69 | | | | 0.00 | | | | | | | | | | | | | | | | | |
| 12234 5 | | Description | | | | | | | | | | 122345 | | 31-12-69 | | | | 0.00 | | | | | | | | | | | | | | | | | |
| Page 1 of 1 | | | | | | | | | | CREATION DATE | | 22-04-15 | | TOTAL | | 950.00 | | 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. | | | | | | | | | | | | | | | | | | | |
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| 63 TREATMENT AUTHORIZATION CODES | | | | | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | |
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| 66 DX | | | | | | | | | | | | | | | | | | | | 68 | | | | | | | | | | | | | | | |
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| 69 ADMIT DX | | | | 70 PATIENT REASON DX | | | | | | | | 71 PPS CODE | | | | 72 ECI | | | | 73 | | | | | | | | | | | | | | | |
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| 74 | | PRINCIPAL PROCEDURE | | a | | OTHER PROCEDURE | | b | | OTHER PROCEDURE | | 75 | | 76 ATTENDING LAST Clement | | NPL | | QUAL | | | | | | | | | | | | | | | | | |
| | | CODE | | DATE | | CODE | | DATE | | CODE | | DATE | | | | | | FIRST James | | | | | | | | | | | | | | | | | |
| 74 | | OTHER PROCEDURE | | a | | OTHER PROCEDURE | | b | | OTHER PROCEDURE | | 76 OPERATING LAST Clement | | NPL | | QUAL | | | | | | | | | | | | | | | | | | | |
| | | CODE | | DATE | | CODE | | DATE | | CODE | | DATE | | | | | | FIRST James | | | | | | | | | | | | | | | | | |
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| 80 REMARKS | | | | 81 CC | | a | | | | | | | | 78 OTHER LAST Clement | | NPL | | QUAL | | | | | | | | | | | | | | | | | |
| | | | | | | b | | | | | | | | | | | | FIRST James | | | | | | | | | | | | | | | | | |
| | | | | | | c | | | | | | | | 79 OTHER LAST Clement | | NPL | | QUAL | | | | | | | | | | | | | | | | | |
| | | | | | | d | | | | | | | | | | | | FIRST James | | | | | | | | | | | | | | | | | |