

1 Surgery Center 2645 Glass Rd 205 Weeslake CA 91365 800 555-3332										2 3a PAT. CNTL # 1 b MED. REC. # 5 FED. TAX NO. 456726798 6 STATEMENT COVERS PERIOD FROM 01/12/16 THROUGH 01/19/16 7 8 PATIENT NAME a 1 9 PATIENT ADDRESS a 340 Corbin Branch Road b Anderson, Mary c CA d 91433 e 10 BIRTHDATE 03/15/76 11 SEX F 12 DATE 01/11/16 13 HR 09 14 TYPE 8 15 SRC 3 16 DHR 07 17 STAT 4 18 43 19 22 20 21 22 23 24 25 26 27 28 29 ACDT STATE 30 31 OCCURRENCE DATE 14 01/12/16 32 OCCURRENCE DATE 15 01/15/16 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM 27 01/12/16 THROUGH 01/16/16 36 OCCURRENCE SPAN FROM 37 38 Mary Anderson 340 Corbin Branch Road Thousand Oaks, CA 91433 39 VALUE CODES AMOUNT a b c d 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT 42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49 1 0100 Intensive Outpatient Group 175.00 011216 1 175.00 35.00 1 2 0100 Intensive Outpatient Group 140.00 011316 1 140.00 2 3 0183 Therapeutic Leave 01 12 00.00 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 PAGE 1 OF 1 CREATION DATE 01/20/16 TOTALS 315.00 35.00 50 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 ASG BEN 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 3456468568778 A Blue Shield of CA 33A11553 N N 57 2342345435 A B OTHER B C PRV ID 234234 C 58 INSURED'S NAME 59 P. REL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO. A Anderson, Mary 02 IPP090453932 35263 A B B C C 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME A Approved Nunc Company A B B C C 66 DX 35563 68 69 ADMIT DX 70 PATIENT REASON DX a b c 71 PPS CODE 72 EQ 73 74 PRINCIPAL PROCEDURE CODE a OTHER PROCEDURE CODE b OTHER PROCEDURE CODE 75 35563 01/12/16 c OTHER PROCEDURE CODE d OTHER PROCEDURE CODE e OTHER PROCEDURE CODE 80 REMARKS 81 CC a b c d 76 ATTENDING NPI QUAL 77 OPERATING NPI QUAL 78 OTHER NPI QUAL 79 OTHER NPI QUAL LAST FIRST LAST FIRST LAST FIRST 82									
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