

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 b Anderson, Mary 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 CONDITION CODES 23 24 25 26 27 28 29 ACDT STATE 30 9 PATIENT ADDRESS a 340 Corbin Branch Road b Thousand Oaks c CA d 91433 e 31 OCCURRENCE CODE 14 32 OCCURRENCE CODE 15 33 OCCURRENCE CODE 34 OCCURRENCE CODE 27 35 OCCURRENCE SPAN FROM 01/12/16 THROUGH 01/16/16 36 OCCURRENCE SPAN FROM THROUGH 37 38 Mary Anderson 340 Corbin Branch Road Thousand Oaks, CA 91433 39 VALUE CODES CODE a b c d 40 VALUE CODES CODE 41 VALUE CODES CODE 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 35563 75 76 ATTENDING NPI QUAL LAST FIRST 77 OPERATING NPI QUAL LAST FIRST 78 OTHER NPI QUAL LAST FIRST 79 OTHER NPI QUAL LAST FIRST 80 REMARKS 81 CC a b c d									
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