



PO BOX 58538  
Webster, TX 77598  
281-694-5986

SUNDAY O. AGWUIBE  
10440 SOUTH DR APT 2806  
HOUSTON, TX 77099-2808

(832)890-0617

Statement Date	Invoice Number	Page
02/10/2025	CLS AGWSU000	1
Guarantor	Due Date	Payment Due
SUNDAY O.	Upon Receipt	145.63

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUNDAY O. AGWUIBE	EMRAN ABU ATHERAH MD	AGWSU000	UTMB	07/05/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
02/22/22	99223	INITIAL HOSPITAL/HIGH		609.00		-40.63	-162.52	-405.85	40.63
02/23/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/24/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUNDAY O. AGWUIBE	ALI EZZO MD	AGWSU000	UTMB	07/05/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
02/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00

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Amount Due
<b>145.63</b>