



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

ROBERT C. ALEXANDER  
1420 MARINA BAY DR APT 912  
KEMAH, TX 77565-2283

(214)762-7345

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERO000	1
Guarantor	Due Date	Payment Due
ROBERT C.	Upon Receipt	52.07

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROBERT C. ALEXANDER	REMY TEQWIMUAH MD	ALERO000	UTMB	10/30/1952

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
06/23/21	99220	Observation, Initial - High Severity		559.00		-37.26	-149.05	-372.69	37.26

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROBERT C. ALEXANDER	Maha Al-Jahiq MD	ALERO000	UTMB	10/30/1952

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
06/24/21	99217	OBSERVATION DISCHARGE		222.00		-14.81	-59.24	-147.95	14.81

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