



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

ALICE ALTAMIRANO  
2511 OVERLAND TRL  
DICKINSON, TX 77539-5947

(832)725-9517

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTAL000	1
Guarantor	Due Date	Payment Due
ALICE	Upon Receipt	729.88

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Date of Last Payment: 11/24/2024	Amount of Last Payment: -202.10
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Patient: <b>ALICE ALTAMIRANO</b>	Rendering Physician: <b>ABDELNASER ELKHALILI MD</b>	Chart Number: <b>ALTAL000</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>08/31/1949</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by HUMANA	Adjustments	Remainder
03/30/23	J1745	Infliximab not biosimil 10mg		2,980.0	-0.89		-557.76	-2,282.80	138.55
04/13/23	J1745	Infliximab not biosimil 10mg		2,980.0	-0.89		-544.64	-2,299.20	135.27
05/11/23	J1745	Infliximab not biosimil 10mg		2,980.0	-0.89		-533.75	-2,310.09	135.27
02/21/24	J1745	Infliximab not biosimil 10mg		2,016.0	-73.47		-529.49	-1,351.45	61.59
10/09/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00			-87.79	-264.21	35.00
10/09/24	96413	Chemo iv infusion 1 hr		385.00			-97.26	-262.93	24.81
10/09/24	96415	Chemo iv infusion addl hr		83.00			-20.89	-56.78	5.33
10/09/24	J1745	Infliximab not biosimil 10mg		2,112.0			-555.79	-1,414.43	141.78
10/09/24	J1745	Infliximab not biosimil 10mg	JW	768.00			-202.10	-514.36	51.54

Patient: <b>ALICE ALTAMIRANO</b>	Rendering Physician: <b>AMANDA G. JOHNSON NP</b>	Chart Number: <b>ALTAL000</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>08/31/1949</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by HUMANA	Adjustments	Remainder
01/26/24	J3301	Triamcinolone acet inj nos	JZ	12.00			-2.96	-8.30	0.74

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