



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

MISTY ANDERSON  
727 DONCREST ST  
CHANNELVIEW, TX 77530-3320

(325)205-0282

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI002	1
Guarantor	Due Date	Payment Due
MISTY	Upon Receipt	3996.30

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Patient: <b>MISTY ANDERSON</b>	Rendering Physician: <b>MOUSTAFA M. AHMED MD</b>	Chart Number: <b>ANDMI002</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/07/1974</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by COMMUNI	Adjustments	Remainder
08/03/21	99204	OFFICE VIST NEW LEVEL 4	25	522.00	-175.00		-79.62	-442.38	-175.00
08/30/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00		-46.73	-357.27	-175.00
09/27/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00		-46.73	-357.27	-175.00
10/25/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00		-46.73	-357.27	-175.00
12/06/21	27096	Inject sacroiliac joint	RT	524.00	-225.00		-121.89	-402.11	-225.00
12/06/21	20611	Drain/inj joint/bursa w/us	RT	311.00	-63.70		-34.89	-276.11	-63.70

Patient: <b>MISTY ANDERSON</b>	Rendering Physician: <b>MOUSTAFA M. AHMED MD</b>	Chart Number: <b>ANDMI002</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/07/1974</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by COMMUNI	Adjustments	Remainder
03/29/22	99999	NO SHOW		25.00			0.00		25.00
04/21/22	99999	NO SHOW		25.00			0.00		25.00

Patient: <b>MISTY ANDERSON</b>	Rendering Physician: <b>MOHAMED A. KHALIL MD</b>	Chart Number: <b>ANDMI002</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/07/1974</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by COMMUNI	Adjustments	Remainder
01/04/22	99999	NO SHOW		25.00			0.00		25.00

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