

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

EVELYN D. ANDERSON DOLORIER 2242 COUNTY ROAD 57 ROSHARON, TX 77583-4632

(832)808-3058

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANDEV001	1		
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Date of	Last Paym	ent: 1/9	9/2023			Amo	ount of Last Payr	ment: -113.20	
Patient:			Rendering	g Physician:	Chart Number:	: Р	lace of Service:	Date of E	Birth:
EVELYN	VELYN D. ANDERSON JIHAD M. HARM		. HARMOUCHE MD	ANDEV001 CLS HEALTH			12/31/1973		
					Paid By Applied to	Paid by			
Dates	Procedure	Descipti	on	Modifier Charge	Patient Deductible	Ambetter		Adjustments F	Remainder
10/25/22	99214	OFFICE VISIT	EST/LEVEL 4	400.00		-113.20		-266.80	20.00
Patient: EVELYN	D. ANDERS	ON	-	g Physician: . HARMOUCHE MD	Chart Number:	·	lace of Service:	Date of E	

					Paid By Applied to	Pai	id by	
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	Amb	etter	Adjustments Remainder
07/27/22	99223	INITIAL HOSPITAL/HIGH	25	609.00	-203.1	5	0.00	-405.85 203.15
07/27/22	59510	CESAREAN DELIVERY		8,245.0	-2,748.2	7	0.00	-5,496.73 2,748.27

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Amount Due

2,971.42