



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

JOHN W. ANDERSON
6259 W TRAIL DR
LEAGUE CITY, TX 77573-6881

(281)910-5940

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJO009	1
Guarantor	Due Date	Payment Due
JOHN W.	Upon Receipt	73.00

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Date of Last Payment: 6/17/2024	Amount of Last Payment: -39.73
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Patient: JOHN W. ANDERSON	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ANDJO009	Place of Service: CLS HEALTH	Date of Birth: 05/24/1951
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by USFHP	Adjustments	Remainder
04/12/23	99203	OFFICE VIST NEW LEVEL 3	Q6	339.00			-79.82	-223.18	36.00
07/07/23	99213	OFFICE VISIT EST/LEVEL 3	Q6	272.00			-57.05	-178.95	36.00

Patient: JOHN W. ANDERSON	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ANDJO009	Place of Service: HOUSTON	Date of Birth: 05/24/1951
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by USFHP	Adjustments	Remainder
04/17/23	27570	Fixation of knee joint	Q6	485.00	-36.00		-161.52	-323.48	-36.00

Patient: JOHN W. ANDERSON	Rendering Physician: MICHAEL A. MONMOUTH MD	Chart Number: ANDJO009	Place of Service: CLS HEALTH	Date of Birth: 05/24/1951
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by USFHP	Adjustments	Remainder
01/17/24	99213	OFFICE VISIT EST/LEVEL 3		274.00			-54.46	-182.54	37.00

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