

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

LISA S. ANDREWS 11207 BROOK MEADOW CT HOUSTON, TX 77089-5330

(713)409-6377

Date of Last Payment: 9/20/2022

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANDLI002	1	
Guarantor	Due Date	Payment Due	

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Patient:			Rendering Physician:	Chart Number:	Pl	ace of Service:	Date of Birth:
LISA S.	ANDREWS		MOUSTAFA M. AHMED MD	ANDLI002	CI	S HEALTH	09/06/1955
Dates	Procedure	Desciption	n Modifier Charge	Paid By Applied to Patient Deductible	Paid by United	Paid by TRICARE	Adjustments Remainder
11/08/21	99999	NO SHOW	25.00		0.00	0.00	25.00
Patient:			Rendering Physician:	Chart Number:	Pl	ace of Service:	Date of Birth:
LISA S.	ANDREWS		MOUSTAFA M. AHMED MD	ANDLI002	CLS HEALTH		09/06/1955
				Paid By Applied to	Paid by	Paid by TRICARE	
Dates	Procedure	Desciption	n Modifier Charge	Patient Deductible	United	INOANE	Adjustments Remainder
10/07/21	99999	NO SHOW	25.00		0.00	0.00	25.00

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Amount Due

75.00