



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

MICHAEL J. ANDERSON  
206 CIVIL DR  
LEAGUE CITY, TX 77573-3423

(281)667-6351

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI003	1
Guarantor	Due Date	Payment Due
MICHAEL J.	Upon Receipt	135.04

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL J. ANDERSON	OMAR ALBUSTAMI MD	ANDMI003	UTMB	11/01/1958

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
11/23/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00			-163.43	-411.52	41.05

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL J. ANDERSON	NISARG PATEL MD	ANDMI003	UTMB	11/01/1958

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
11/24/21	99239	HOSPITAL DISCHARGE, LONG		327.00		-93.99	-15.35	-217.66	93.99

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