



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

JEREMIAH L. ALFRED  
15835 MARBLE BLUFF LN  
HOUSTON, TX 77049-5607

(832)373-1778

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFJE001	1
Guarantor	Due Date	Payment Due
JEREMIAH L.	Upon Receipt	272.92

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JEREMIAH L. ALFRED	EMRAN ABU ATHERAH MD	ALFJE001	UTMB	05/23/1997	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/23/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		Patient Deductible	SELF PAY	-330.00	165.00
02/24/22	99239	HOSPITAL DISCHARGE, LONG		324.00				-216.08	107.92

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If remitting payment via mail in check, Please include statement.

Amount Due
<b>272.92</b>