

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

KATERI ANGEL-WILLIAMS 903 RESEDA DR HOUSTON, TX 77062-5106

(281)686-3552

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANGKA000	1		
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		Rendering Ph	ysician:		Chart	Number:	Place of So	ervice:	Date of	Birth:			
		ALILI MI	MD ANGKA000		CLS HEAL	LS HEALTH 02/01/1966		966					
				F	Paid By A	pplied to	Paid by						
Procedure	Desciption	n	Modifier	Charge	Patient De	ductible	AETNA	Adj	ustments	Remainder			
99215	OFFICE VISIT ES	ST/LEVEL 5		564.00	-149.57	-117.80	0.00		-446.20	-31.77			
99215	OFFICE VISIT ES	ST/LEVEL 5	25	564.00	-149.57	-117.94	0.00		-446.06	-31.63			
96372	Ther/proph/diag in	nj sc/im		88.00		-25.32	0.00		-62.68	25.32			
J3301	Triamcinolone ac	et inj nos		32.00		-9.84	0.00		-22.16	9.84			
J1885	Ketorolac trometh	namine inj		4.00		-1.60	0.00		-2.40	1.60			
99215	OFFICE VISIT ES	ST/LEVEL 5		564.00	-149.57	-117.94	0.00		-446.06	-31.63			
		Rendering Ph	ysician:		Chart	Number:	Place of S	ervice:	Date of	Birth:			
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Procedure	Desciption	n	Modifier		_		AETNA	Adj	Adjustments Remainder				
99215	OFFICE VISIT ES	ST/LEVEL 5		564.00	-149.57	-100.25	0.00		-463.75	-49.32			
	-	Rendering Ph	ysician:		Chart	Number:	Place of So	ervice:	Date of	Birth:			
ANGEL-WIL	LLIAMS	ABDELNASE	R ELKH	ALILI MI	D ANGI	(A000	CLS HEAL	.TH	02/01/1	966			
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Procedure	Desciption	n	Modifier		-		AETNA	Adj	ustments	Remainder			
99215	OFFICE VISIT ES	ST/LEVEL 5		563.00	-149.57	-127.74	0.00		-435.26	-21.83			
99215	OFFICE VISIT ES	ST/LEVEL 5		563.00	-149.57	-127.74	0.00		-435.26	-21.83			
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