



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

JESSICA S. ANDREWS  
6507 BELL ST  
HITCHCOCK, TX 77563-1969

(832)487-3569

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJE003	1
Guarantor	Due Date	Payment Due
JESSICA S.	Upon Receipt	296.77

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Patient: <b>JESSICA S. ANDREWS</b>	Rendering Physician: <b>TAREK M. HUSSEIN DPT</b>	Chart Number: <b>ANDJE003</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/06/1968</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
09/15/23	99999	NO SHOW		25.00			0.00		25.00
09/20/23	99999	NO SHOW		25.00			0.00		25.00

Patient: <b>JESSICA S. ANDREWS</b>	Rendering Physician: <b>MOUSTAFA M. AHMED MD</b>	Chart Number: <b>ANDJE003</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/06/1968</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
11/27/23	99991	NO SHOW		150.00			0.00		150.00

Patient: <b>JESSICA S. ANDREWS</b>	Rendering Physician: <b>ZEID F. KARADSHEH MD</b>	Chart Number: <b>ANDJE003</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/06/1968</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
11/16/23	99999	NO SHOW		25.00			0.00		25.00
09/27/23	99999	NO SHOW		25.00			0.00		25.00

Patient: <b>JESSICA S. ANDREWS</b>	Rendering Physician: <b>LORRIE F. POOL APRN</b>	Chart Number: <b>ANDJE003</b>	Place of Service: <b>CLS HEALTH</b>	Date of Birth: <b>12/06/1968</b>
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CASH	Adjustments	Remainder
11/15/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-280.00		0.00	-172.00	-180.00
11/06/23	99999	NO SHOW		25.00			0.00		25.00

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