



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

AMY R. ALEXANDER
4101 NASA PKWY APT 227
SEABROOK, TX 77586-6235

(281)853-4729

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAM000	1
Guarantor	Due Date	Payment Due
AMY R.	Upon Receipt	271.33

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AMY R. ALEXANDER	JUNEIGHT C. ALCIVAR	ALEAM000	CLEAR LAKE	06/02/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
05/19/21	99254	HOSPITAL CONSULT, LEVEL 4		377.00			-188.08	-154.09	34.83

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AMY R. ALEXANDER	MOUSTAF A M. AHMED MD	ALEAM000	CLS HEALTH	06/02/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
10/25/21	99999	NO SHOW		25.00			0.00		25.00
12/14/21	99999	NO SHOW		25.00			0.00		25.00
04/14/22	99991	NO SHOW		150.00			0.00		150.00
01/23/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00			-126.60	-253.40	5.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AMY R. ALEXANDER	ZEID F. KARADSHEH MD	ALEAM000	CLS HEALTH	06/02/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Paid by EVERCARE	Adjustments	Remainder
05/11/23	76705	Echo exam of abdomen		268.00			-58.40	-12.97	-190.13	6.50

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AMY R. ALEXANDER	ZEID F. KARADSHEH MD	ALEAM000	CLS HEALTH	06/02/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Paid by EVERCARE	Adjustments	Remainder
10/11/23	99999	NO SHOW		25.00			0.00	0.00		25.00

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