




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

KAY M. ALEWINE
1906 16TH ST N
TEXAS CITY, TX 77590-5212

(409)392-5561

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEKA000	1
Guarantor	Due Date	Payment Due
KAY M. ALEWINE	Upon Receipt	2421.82

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KAY M. ALEWINE	MAHMOOD DWEIK MD	ALEKA000	CLEAR LAKE	08/22/1940

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
03/20/21	99223	INITIAL HOSPITAL/HIGH		616.00			0.00	-410.76	205.24
03/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-0.42	317.58
03/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-0.42	317.58
03/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-0.42	317.58
03/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-106.28	211.72
03/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-106.28	211.72

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KAY M. ALEWINE	SHAFRAZ MOHAMMED MD	ALEKA000	CLEAR LAKE	08/22/1940

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
03/19/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00			0.00	-410.76	205.24
03/20/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
03/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
03/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
03/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
03/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
03/25/21	99239	HOSPITAL DISCHARGE, LONG		327.00			0.00	-221.14	105.86

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Amount Due
2,421.82