

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

DARREN A. ANDERSON 16635 TIBET RD FRIENDSWOOD, TX 77546-4143

(713)591-6806

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANDDA003	2	
Guarantor	Due Date	Payment Due	

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Patient:		Renderin	g Physician:	Chart Number:	Place of Service:	Date of B	ıπn:
DARREN	A. ANDER	SON SHAFRA	Z MOHAMMED MD	ANDDA003	CLEAR LAKE	10/28/196	68
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	CIGNA	Adjustments R	emainder
06/19/24	99223	1ST HOSP IP/OBS HIGH 75	521.00		-132.97	-364.57	23.46

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227.76