



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

LATRISHA L. ALLEN  
11101 GROVESHIRE DR  
TEXAS CITY, TX 77591-7045

(409)916-3807

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLLA004	1
Guarantor	Due Date	Payment Due
LATRISHA L.	Upon Receipt	1567.60

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Date of Last Payment:	10/30/2024	Amount of Last Payment:	-53.53
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LATRISHA L. ALLEN	OMAR ALBUSTAMI MD	ALLLA004	CLEAR LAKE	08/15/1976

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TMHP	Adjustments	Remainder
03/20/22	31600	Incision of windpipe		951.00			0.00	-633.91	317.09
03/20/22	31622	Dx bronchoscope/wash		408.00			0.00	-271.89	136.11
03/27/22	99232	HOSPITAL , SUBSEQUENT , MOD		219.00			0.00	-145.95	73.05

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LATRISHA L. ALLEN	ALI EZZO MD	ALLLA004	CLEAR LAKE	08/15/1976

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TMHP	Adjustments	Remainder
03/12/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
03/13/22	99291	CRITICAL CARE 1ST HOUR		672.00			0.00	-447.95	224.05
03/14/22	99291	CRITICAL CARE 1ST HOUR		672.00			0.00	-447.95	224.05
03/15/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
03/16/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
03/17/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
03/19/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LATRISHA L. ALLEN	RACHEL MILLS FNP-C	ALLLA004	CLEAR LAKE	08/15/1976

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to MEDICARE	Paid by	Adjustments	Remainder
09/16/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-53.53	-169.81	13.66
09/17/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-53.53	-169.81	13.66
09/18/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-53.53	-169.81	13.66

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