



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

RAED ALROSAN  
17914 BARTON RIDGE LN  
RICHMOND, TX 77407-7888

(813)420-8823

Statement Date	Invoice Number	Page
02/10/2025	CLS ALRRA000	1
Guarantor	Due Date	Payment Due
RAED ALROSAN	Upon Receipt	35.04

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Date of Last Payment:	3/31/2023	Amount of Last Payment:	-2.95
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RAED ALROSAN	MOUSTAFA M. AHMED MD	ALRRA000	CLS HEALTH	07/02/1978

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Friday	Adjustments	Remainder
11/14/22	94760	Measure blood oxygen level		7.00		-0.28	-2.54	-4.18	0.28
12/22/22	64483	Inj foramen epidural l/s		745.00	-38.04	-30.39	-273.54	-441.07	-7.65
12/22/22	64484	Inj foramen epidural add-on		339.00		-13.76	-123.85	-201.39	13.76
12/22/22	J2001	Lidocaine injection	59	2.00		-0.08	-0.75	-1.17	0.08
12/22/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.04	-0.37	-0.59	0.04
12/22/22	J7030	Normal saline solution infus		8.00		-0.33	-2.95	-4.72	0.33

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RAED ALROSAN	MOUSTAFA M. AHMED MD	ALRRA000	CLS HEALTH	07/02/1978

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Friday	Adjustments	Remainder
12/13/22	72148	Mri lumbar spine w/o dye		640.00	-21.34	-24.54	-220.84	-394.62	3.20

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RAED ALROSAN	MOUSTAFA M. AHMED MD	ALRRA000	CLS HEALTH	07/02/1978

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Friday	Adjustments	Remainder
01/18/23	99999	NO SHOW		25.00			0.00		25.00

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