



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

SANDRA D. ANDREWS  
2211 34TH ST N APT 1304  
TEXAS CITY, TX 77590-6581

(409)457-3516

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSA006	1
Guarantor	Due Date	Payment Due
SANDRA D.	Upon Receipt	136.34

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Date of Last Payment: 7/26/2024			Amount of Last Payment: -25.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SANDRA D. ANDREWS	KAREEM GADELMOLA MD	ANDSA006	UTMB	10/22/1962	
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BLUE Adjustments Remainder
02/26/24	99223	1ST HOSP IP/OBS HIGH 75	521.00	-25.00 -161.34	0.00 -359.66 136.34

Have a question about your balance, or need to update your insurance information with us?  
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Amount Due
136.34