



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

EMMANUEL ANDRADE
3821 COUNTY ROAD 949B
ALVIN, TX 77511-7571

(713)503-3705

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDEM000	1
Guarantor	Due Date	Payment Due
EMMANUEL	Upon Receipt	674.00

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EMMANUEL ANDRADE	OMAR ALBUSTAMI MD	ANDEM000	UTMB	11/08/1996

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
12/30/21	99291	CRITICAL CARE 1ST HOUR		678.00			0.00	-453.95	224.05

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EMMANUEL ANDRADE	MOHAMMAD J. BABA MD	ANDEM000	UTMB	11/08/1996

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
12/31/21	99291	CRITICAL CARE 1ST HOUR		672.00			0.00	-446.10	225.90

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EMMANUEL ANDRADE	LUIGI TERMINELLA MD	ANDEM000	UTMB	11/08/1996

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
01/01/22	99291	CRITICAL CARE 1ST HOUR		672.00			0.00	-447.95	224.05

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