



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

JONIQUE N. ARDION  
8301 WILLOW PLACE DR N  
HOUSTON, TX 77070-5747

(281)470-6060

Statement Date	Invoice Number	Page
02/10/2025	CLS ARDJO000	1
Guarantor	Due Date	Payment Due
JONIQUE N.	Upon Receipt	25.00

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JONIQUE N. ARDION	MOUSTAFA M. AHMED MD	ARDJO000	CLS HEALTH	10/25/1997	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/17/22	99999	NO SHOW		25.00		Patient Deductible	COMMUNI		25.00

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