



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

MARIA C. ALARDIN  
12029 ALDINE WESTFIELD RD  
HOUSTON, TX 77093-1076

(832)752-1835

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMA005	1
Guarantor	Due Date	Payment Due
MARIA C.	Upon Receipt	429.77

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Date of Last Payment:	12/9/2024	Amount of Last Payment:	-17.55
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA C. ALARDIN	CHRISTOPHER R. KANNADY	ALAMA005	CLS HEALTH	11/16/1965

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
10/10/23	51798	Us urine capacity measure		32.00		-10.51	0.00	-21.49	10.51

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA C. ALARDIN	DANNY M. MOUNIR MD	ALAMA005	CLS HEALTH	11/16/1965

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
01/03/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00	-118.88		-188.06	-445.94	-83.88
01/03/24	51741	Electro-uroflowmetry first		44.00		-6.93	0.00	-37.07	6.93
03/27/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-55.00		-146.94	-364.06	-20.00
03/27/24	51798	Us urine capacity measure		34.00		-10.73	0.00	-23.27	10.73
03/27/24	81003	Urinalysis auto w/o scope	QW	7.00			0.00	-5.87	1.13
04/10/24	51729	CYSTOMETROGRAM W/VP&UP		1,148.0	-35.00	-369.67	0.00	-778.33	334.67
04/10/24	51784	Anal/urinary muscle study		194.00			-20.31	-162.75	10.94
04/10/24	51797	INTRAABDOMINAL PRESSURE TEST		563.00		-144.93	-23.54	-381.85	157.61
04/10/24	81003	Urinalysis auto w/o scope	QW	7.00			0.00	-5.87	1.13

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Amount Due

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