



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

FRANCIS ALQUIADEZ
206 CULLEN CT
LA PORTE, TX 77571-9596

(281)865-4096

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQFR000	1
Guarantor	Due Date	Payment Due
FRANCIS	Upon Receipt	276.20

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FRANCIS ALQUIADEZ	ALI EZZO MD	ALQFR000	UTMB	01/17/1968

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
11/09/22	99223	INITIAL HOSPITAL/HIGH		609.00			0.00	-405.85	203.15

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FRANCIS ALQUIADEZ	REMY TEQWIMUAH MD	ALQFR000	UTMB	01/17/1968

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
11/10/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			0.00	-145.95	73.05

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