




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

ROSE ALEXANDER  
5105 AIRLINE DR APT 2311  
HOUSTON, TX 77022-2638

(346)760-9901

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERO003	2
Guarantor	Due Date	Payment Due
ROSE	Upon Receipt	493.79

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01/07/23	99239	HOSPITAL DISCHARGE, LONG	345.00	-90.27	-231.70	23.03
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROSE ALEXANDER	NISARG PATEL MD	ALERO003	PAM REHAB	10/19/1944

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WELCARE	Adjustments	Remainder
01/08/23	99223	INITIAL HOSPITAL/HIGH	AI	523.00		-136.66	-351.48	34.86
01/09/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/10/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/11/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/12/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/13/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/14/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/15/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/16/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/17/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/18/23	99239	HOSPITAL DISCHARGE, LONG		345.00		-90.27	-231.70	23.03

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

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Amount Due
<b>493.79</b>