



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

DIANA ARREDONDO
8133 MILREDGE ST
HOUSTON, TX 77017-5221

(832)560-1943

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRD1000	1
Guarantor	Due Date	Payment Due
DIANA	Upon Receipt	75.64

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Patient: DIANA ARREDONDO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARRDI000	Place of Service: CLS HEALTH	Date of Birth: 08/27/1983
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Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
03/30/21	81000	Urinalysis nonauto w/scope	12.00		-2.69	0.00	-9.31	2.69
04/06/21	52000	Cystoscopy	743.00	-157.48	-169.95	0.00	-573.05	12.47
05/10/21	99213	OFFICE VISIT EST/LEVEL 3	284.00	-60.00	-56.87	0.00	-227.13	-3.13
05/10/21	51798	Us urine capacity measure	32.00		-11.35	0.00	-20.65	11.35
05/10/21	81000	Urinalysis nonauto w/scope	12.00		-2.69	0.00	-9.31	2.69

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Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
03/30/21	76770	Us exam abdo back wall comp	355.00	-50.00	-92.25	0.00	-262.75	42.25

Patient: DIANA ARREDONDO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARRDI000	Place of Service: CLS HEALTH	Date of Birth: 08/27/1983
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Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
05/18/22	99213	OFFICE VISIT EST/LEVEL 3	283.00	-80.00		0.00	-210.31	-7.31
05/18/22	51798	Us urine capacity measure	33.00		-11.94	0.00	-21.06	11.94
05/18/22	81000	Urinalysis nonauto w/scope	12.00		-2.69	0.00	-9.31	2.69

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