



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

ANDREW ALEMAN  
8129 ELROD ST  
HOUSTON, TX 77017-5215

(713)384-2944

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAN002	1
Guarantor	Due Date	Payment Due
ANDREW	Upon Receipt	43.08

Pay Online	
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Date of Last Payment: 2/15/2024			Amount of Last Payment: -10.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ANDREW ALEMAN	ZEID F. KARADSHEH MD	ALEAN002	CLEAR LAKE	03/12/1976	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
12/20/23	45378	Diagnostic colonoscopy		554.00		Patient Deductible	Ambetter	-381.70	43.08

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

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Amount Due
<b>43.08</b>