

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

LINDA A. AMBROSE 314 SYCAMORE ST ALVIN, TX 77511-3532

(832)433-8897

Date of Last Payment: 12/1/2023

Statement Date	Invoice Number	Page	
02/10/2025	CLS AMBLI001	1	
Guarantor	Due Date	Payment Due	

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Amount of Last Payment: -44.10

Patient: LINDA A. AMBROSE		•	Rendering Physician: MOHAMED A. KHALIL MD		Place of Service:	e: Date of Birth: 05/06/1954	
LINDA A.	A. AWIBROSE WOHAWIED A. KHALIL		KIIALIL WD	AMBLI001		05/06/195) 4
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	RENAISSA	Adjustments R	em ainde r
07/27/23	95910	Nrv cndj test 7-8 studies	529.00	-90.00	-131.55	-347.45	-40.00
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	irth:
LINDA A.	A. AMBROSE MOHAMED A. KHALIL MD		AMBLI001		05/06/1954		
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	RENAISSA	Adjustments R	emainder
08/09/23	70553	Mri brain stem w/o & w/dye	1,006.0	-150.00	0.00	-765.05	90.95

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50.95

Amount Due