



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

CHARLES ANDERSON
10519 KIRK HALL DR
HOUSTON, TX 77089-2425

(713)550-7074

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCH003	1
Guarantor	Due Date	Payment Due
CHARLES	Upon Receipt	353.29

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CHARLES ANDERSON	MAHESWARY	ANDCH003	CLEAR LAKE	03/12/1963	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	TMHP		
09/06/21	99223	INITIAL HOSPITAL/HIGH		616.00			0.00	-410.76	205.24
09/07/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00			0.00	-147.00	74.00
09/08/21	99238	Hospital discharge day		222.00			0.00	-147.95	74.05

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

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Amount Due
353.29