

Statement Date	Chart Number	Page
03/04/2025	TORSH000	1

Shariq J. Rauf, MD, PA  
PO BOX 590104  
Houston, TX 77259-0104  
Phone: 281-942-8005

<b>Make Checks Payable To:</b>
Shariq J. Rauf, MD, PA P.O. Box 590104 Houston, TX 77259-0104 Phone: 281-942-8005

SHERRI TORREZ  
22930 BENBURY DR  
KATY, TX 77450-1422

(281)775-8750

Date of Last Payment: **12/30/2024**      Amount of Last Payment: **-80.83**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth
<b>SHERRI TORREZ</b>	<b>SHARIQ J. RAUF MD</b>	<b>TORSH000</b>	<b>Houston</b>	<b>05/22/1962</b>

		Paid By		Applied to		Paid by			
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	UNITED	Adjustments	Remainder
11/25/24	99222	INIT HOSP-DAY E&M MOD SEVER 50		394.00			-80.83	-247.04	66.13

Amount Due
66.13