

Statement Date	Chart Number	Page
03/04/2025	CLALE000	1

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LEEDELL W. CLAY
21231 BROOKWOOD CRESCENT DR
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Date of Last Payment: **1/30/2024** Amount of Last Payment: **-127.80**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth
LEEDELL W. CLAY	SHARIQ J. RAUF MD	CLALE000	Houston	03/23/1961

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
11/23/23	99222	INIT HOSP-DAY E&M MOD SEVER 50		393.00			-105.21	-7.41	-260.95	19.43
11/25/23	99232	SUBSQT HSP-DAY E&M MINR		239.00			-63.90	0.00	-158.80	16.30

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth
LEEDELL W. CLAY	SHARIQ J. RAUF MD	CLALE000	Houston	03/23/1961

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
12/13/23	99232	SUBSQT HSP-DAY E&M MINR		237.00			-63.90	0.00	-156.80	16.30
12/15/23	99232	SUBSQT HSP-DAY E&M MINR		237.00			-63.90	0.00	-156.80	16.30

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth
LEEDELL W. CLAY	SHARIQ J. RAUF MD	CLALE000	HOUSTON	03/23/1961

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
12/09/23	99223	INIT HOSP-DAY E&M HI SEVRITY 70		523.00			-140.08	-26.40	-347.19	9.33
12/12/23	99232	SUBSQT HSP-DAY E&M MINR		239.00			-63.90	0.00	-158.80	16.30

Amount Due

93.96