| Statement Date | Chart Number | Page |  |  |
|----------------|--------------|------|--|--|
| 03/04/2025     | DOLSH000     | 1    |  |  |

Shariq J. Rauf, MD, PA PO BOx 590104 Houston, TX 77259-0104

Phone: 281-942-8005

SHARON G. DOLEJSI PO BOX 921 WALLIS, TX 77485-0921

(281)960-0943

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

| Date o   | of Last Pa | yment: <b>1/28</b> | 3/2025         | Amo        | unt of L | ast Pay  | ment: <b>-94.7</b> | 73       |                 |             |           |
|----------|------------|--------------------|----------------|------------|----------|----------|--------------------|----------|-----------------|-------------|-----------|
| Patient  | :          |                    | Rendering      | Physician: | •        | Cha      | art Number:        | Pla      | ace of Service: | Date of     | Birth     |
| SHARON   | G. DOI     | LEJSI              | SHARIQ         | J. RAUF    | ' MD     | DOLSH000 |                    | Ho       | Houston 05/25   |             | 1958      |
|          |            |                    |                |            |          | Paid By  | Applied to         | Paid by  |                 |             |           |
| Dates    | Procedure  | Desciption         |                | Modifier   | Charge   | Patient  | Deductible         | MEDICARE |                 | Adjustments | Remainder |
| 11/15/24 | 99233      | SUBSQT HOSP-       | -DAY E&M SIG C | MPL        | 357.00   |          |                    | -94.73   | -               | -238.10     | 24.17     |

Amount Due

24.17