Statement Date	Chart Number	Page
03/04/2025	VILAD001	1

Phone: 281-942-8005

ADOLIO S. VILLARREAL 9229 BELFAST RD LA PORTE, TX 77571-3837

(832)577-4178

Make Checks Payable To:

Amount Due

1,079.66

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pay	ment: 12/18/2024	Amo	ount of L	ast Pay	ment: 0.00				
Patient: Rendering			Physician:		Cha	art Number	: Pla	ace of Service:	Date of	f Birth
ADOLIO	S.		J. RAUE		VIL	AD001	BA	AYSHORE	10/09/	1938
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
11/12/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/13/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/15/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/17/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/19/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/20/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/22/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/23/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
Patient	:	Rendering	Physician:		Cha	art Number	: Pla	ace of Service:	Date of	f Birth
ADOLIO	s.	SHARIQ	J. RAUE	MD .	VIL	_AD001	B <i>A</i>	AYSHORE	10/09/	1938
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
11/11/24	99222	INIT HOSP-DAY E&M MOD SEV	ER 50	394.00			0.00		-262.58	131.42
11/14/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/18/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/20/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02
11/21/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-157.98	79.02

Statement Date	Chart Number	Page		
03/04/2025	GIBAM001	1		

Phone: 281-942-8005

AMBER D. GIBSON 10927 WALTS RUN LN CYPRESS, TX 77433-5283

(281)737-1555

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

Date	of Last Pay	ment: 1/17/2025	Amo	ount of L	ast Pay	ment: -105. 3	36		
Patient	:	Renderin	g Physician:		Cha	art Number:	Place of Service:	Date o	f Birth
AMBER 1	D. GIBS	ON SHARIQ	J. RAUI	MD	GIE	3AM001	SHARIQ J	10/07/	1986
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
12/19/24	99204	OFC/OUTPT E&M NEW MOD-	·HI 45	507.00			-105.36	-351.64	50.00

Amount Due 50.00

Statement Date	Chart Number	Page
03/04/2025	ABDAY000	1

Phone: 281-942-8005

AYA A. ABDELLATIF 803 OSPREY PASS KATY, TX 77494-4817

(979)703-9392

Date	of Last Pay	/ment: 2/26	3/2025	Amo	ount of L	ast Pay	ment: -96.87	7			
Patient	:	ı	Rendering I	Physician:		Cha	art Number:	Р	lace of Service:	Date o	f Birth
AYA A.	ABDELL	ATIF :	SHARIQ	J. RAUE	MD .	AB	DAY000	H	ouston	04/18/	1988
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	BLUE		Adjustments	Remainder
01/04/25	99222	INIT HOSP-DAY	E&M MOD SEVE	R 50	389.10		-	-96.87		-268.02	24.21

Amount Due

Statement Date	Chart Number	Page		
03/04/2025	FLOCA000	1		

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

CANDELARIO FLORES DAVILA 103 PEACHLEAF CT ANAHUAC, TX 77514-0078

(307)277-2426

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date o	of Last Pay	/ment: 2/1 1	1/2025	Amo	ount of L	ast Pay	ment: -132	.22			
Patient	:		Rendering	Physician:		Cha	art Number:	: Р	lace of Service:	Date of	Birth
CANDEL	ARIO FL	ORES	SHARIQ	J. RAUI	MD	FL	.OCA000	S	hariq J Rauf	03/31/	1959
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	WELLMED	1	Adjustments	Remainder
11/21/24	99215	OFC/OUTPT E8	M ESTAB MOD-	HI 40	546.00			-137.16		-363.84	45.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	RIVCA001	1

Phone: 281-942-8005

CASIMIRO RIVAS 3729 S MAIN ST ANAHUAC, TX 77514-1925

(713)498-9792

	Make Checks Payable To:	
haula	L Dout MD DA	

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

D	ate c	of Last Pay	ment: 12/28/2024	Am	ount of L	ast Pay	ment: 0.00				
Pati	ent	:	Rendering	g Physician	1:	Cha	art Number:	PI	lace of Service:	Date o	f Birth
CASI	IMI	RO RIVA	S SHARIQ	J. RAU	F MD	RI	VCA001	H	ouston	03/04/	1936
						Paid By	Applied to	Paid by			
Date	es	Procedure	Desciption	Modifier	Charge	Patient	Deductible	HUMANA		Adjustments	Remainder
11/13	3/24	99205	OFC/OUTPT E&M NEW MOD-	HI 60	549.00			-138.90		-375.10	35.00
11/20	0/24	99215	OFC/OUTPT E&M ESTAB MOI	D-HI 40	434.00			-137.90		-261.10	35.00
12/18	3/24	99215	OFC/OUTPT E&M ESTAB MOI	Э-HI 40	434.00			-102.77		-296.23	35.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	SHICA000	1

Phone: 281-942-8005

CASSIE M. SHIRLEY 2700 ROLLINGBROOK DR APT 9106 BAYTOWN, TX 77521-3682

(832)414-3054

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

Date (of Last Pay	ment: 1/19/2025	Amc	ount of L	ast Pay	ment: -281. :	39			
Patient CASSIE		Rendering RLEY SHARIQ	Physician: J. RAUF			art Number: IICA000	-	Place of Service: Shariq J Rauf	Date of 08/05/1	
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	HUMANA		Adjustments	Remainder
10/10/24	99213	OFC/OUTPT E&M ESTAB LOW -		274.00			-52.25		-186.75	35.00
10/31/24	99213	OFC/OUTPT E&M ESTAB LOW -	٠	274.00			-52.25		-186.75	35.00
11/07/24	99213	OFC/OUTPT E&M ESTAB LOW -	r	274.00)		-52.25		-186.75	35.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	BASDA000	1

Phone: 281-942-8005

DANIEL M. BASALDUA 6235 COTTON FIELD LN KATY, TX 77449-5253

(832)816-2616

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104

Make Checks Payable To:

Phone: 281-942-8005

Date of	of Last Pay	ment:		Amo	ount of L	ast Pay	ment: 0.00				
Patient	:		Rendering Ph	ysician:		Cha	art Number:	Р	lace of Service:	Date of	f Birth
DANIEL	M. BAS	ALDUA	SHARIQ J	. RAUI	MD	BA	SDA000	Н	louston	06/29/	1990
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	ı	Modifier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
11/25/24	99233	SUBSQT HOS	P-DAY E&M SIG CMPI	-	357.00		-106.20	0.00		-250.80	106.20
11/30/24	99233	SUBSQT HOS	P-DAY E&M SIG CMPI	-	357.00		-106.20	0.00		-250.80	106.20

Amount Due

Statement Date	Chart Number	Page
03/04/2025	LOTDE000	1

Phone: 281-942-8005

DEIDRA E. LOTT 602 GAMMON DR HOUSTON, TX 77022-1711

(713)893-8308

Date of Last Payment: 1/16/2025

Make Checks Payable To:

Amount Due

313.56

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Dationt			Danielani	D.			O'	and Minney	Ē		Dot: -	Dieth
Patient			Rendering	•				art Number		ce of Service:	Date of	
DEIDRA	E. LO	OTT	SHARIQ	J.	RAUF	' MD	LO	TDE000	Hou	ıston	02/22/	1958
							Paid By	Applied to	Paid by			
Dates	Procedur	e Desciption	า	I	Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
10/24/24	99233	SUBSQT HOS	P-DAY E&M SIG C	MPL		357.00			-94.73		-238.10	24.17
10/26/24	99233	SUBSQT HOS	P-DAY E&M SIG C	MPL		357.00			-94.73		-238.10	24.17
11/15/24	99233	SUBSQT HOS	P-DAY E&M SIG C	MPL		357.00			-94.73		-238.10	24.17
Patient	:		Rendering	Phy	/sician:		Cha	art Number	: Pla	ce of Service:	Date of	f Birth
DEIDRA	E. LO	TT	SHARIQ	J.	RAUF	' MD	LO	TDE000	HO	USTON	02/22/	1958
							Paid By	Applied to	Paid by			
Dates	Procedur	e Desciption	า	!	Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
10/22/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
10/23/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
10/25/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
10/29/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
10/30/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/01/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/05/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/06/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/08/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/09/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/12/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/13/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/17/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/19/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07
11/20/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-62.97		-157.96	16.07

Amount of Last Payment: -629.70

Statement Date	Chart Number	Page
03/04/2025	HAWDO001	1

Phone: 281-942-8005

DONNA L. HAWKINS 16411 SEVEN WAVES CT CROSBY, TX 77532-5206

(870)215-1584

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date	of Last Pay	/ment: 1/2	1/2025	Amo	ount of L	ast Pay	ment: -104.9	96		
Patient	t:		Rendering	Physician		Cha	art Number:	Place of Service:	Date of	f Birth
DONNA	L. HAWK	INS	SHARIQ	J. RAUI	F MD	HA	WDO001	Shariq J Rauf	03/19/	1961
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	1	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
02/01/24	99204	OFC/OUTPT E	&M NEW MOD-H	II 45	507.00			-83.97	-402.04	20.99
Patien	t:		Rendering	Physician		Cha	art Number:	Place of Service:	Date of	f Birth
DONNA	L. HAWK	INS	JAMIE I	. REBAI	NDO FN	15 HV	WDO001	BAYSHORE	03/19/	1961
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	1	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
10/01/24	99255	INITIAL CONSU	JLT LEVEL 5		495.00			-153.60	-303.01	38.39
10/02/24	99232	SUBSQT HSP-	DAY E&M MINR		237.00			-58.88	-163.41	14.71
Patient	t:		Rendering	Physician		Cha	art Number:	Place of Service:	Date of	f Birth
DONNA	L. HAWK	INS	SHARIQ	J. RAUI	F MD	HA	WDO001	BAYSHORE	03/19/1	1961
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	1	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
10/03/24	99232	SUBSQT HSP-	DAY E&M MINR		237.00			-58.88	-163.41	14.71

Amount Due	
88.80	

Statement Date	Chart Number	Page
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Phone: 281-942-8005

DONNA L. LYLES 10006 LIMEWOOD LN SUGAR LAND, TX 77498-1446

(281)795-4308

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pay	ment: 2/13/2025		Amo	unt of L	ast Pay	ment: -145	.01			
Patient	t:	Rendering	Phy	/sician:		Cha	art Number:	Plac	e of Service:	Date of	f Birth
DONNA	L. LYLE	S SHARIQ	J.	RAUF	' MD	LY	LDO000	HOL	JSTON	09/08/1	1950
						Paid By	Applied to	Daid by			
Dates	Procedure	Desciption	ı	Modifier	Charge	Patient	Deductible	Paid by MEDICARE		Adjustments	Remainder
06/18/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
06/19/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
06/21/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
06/23/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
06/25/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
06/28/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/02/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/03/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/05/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/06/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/10/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/08/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/09/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/12/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/14/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/16/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/17/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/19/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/21/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/24/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/25/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/26/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/27/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07
07/30/24	99232	SUBSQT HSP-DAY E&M MINR			237.00			-62.97		-157.96	16.07

Statement Date	Chart Number	Page
03/04/2025	LYLD0000	2

Phone: 281-942-8005

DONNA L. LYLES 10006 LIMEWOOD LN SUGAR LAND, TX 77498-1446

(281)795-4308

Make	Checks	Pav	vable	To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

07/31/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/02/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/03/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/06/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/07/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/09/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/13/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
08/14/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
Patient	t:	Rendering	Physician:	Chart Number: Place of Service:	Date of Birth
DONNA	L. LYLE	S SHARIQ	J. RAUF MD	LYLDO000 HOUSTON	09/08/1950
				Paid By Applied to Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible MEDICARE	Adjustments Remainder
08/10/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-62.97	-157.96 16.07
Patient	t:	Rendering	Physician:	Chart Number: Place of Service:	Date of Birth
DONNA	L. LYLE	S SHARIQ	J. RAUF MD	LYLDO000 SHARIQ J	09/08/1950
				Paid By Applied to Reid by	
Dates	Procedure	Desciption	Modifier Charge	Paid by Patient Deductible MEDICARE	Adjustments Remainder
12/19/24	99215	OFC/OUTPT E&M ESTAB MOD-		-145.01	-364.00 36.99
	00210		0-10.00		30.00
Patient	t:	Rendering	Physician:	Chart Number: Place of Service:	Date of Birth
DONNA	L. LYLE		J. RAUF MD	LYLDO000 Houston	09/08/1950
	<u> </u>			Paid By Applied to	33.33.1333
Dates	Procedure	Desciption	Modifier Charge	Paid by	A diverture ute Domoin des
12/21/24		INIT HOSP-DAY E&M MOD SEVI			Adjustments Remainder
12/21/24	99222		334.00	-104.74	-262.54 26.72
12/22/24	99233	SUBSQT HOSP-DAY E&M SIG C	MPL 357.00	-94.73	-238.10 24.17
					i

Statement Date	Chart Number	Page
03/04/2025	TATD0000	3

Phone: 281-942-8005

DONNA L. LYLES 10006 LIMEWOOD LN SUGAR LAND, TX 77498-1446

(281)795-4308

маке	Cnecks	Payable	10:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Patient	::	Rendering P	hysician:		Cha	art Number	: Pla	ce of Service:	Date of	f Birth
DONNA	L. LYLE	S SHARIQ J	. RAUE	' MD	LY	LDO000	НО	USTON	09/08/	1950
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
12/27/24	99233	SUBSQT HOSP-DAY E&M SIG CMP	PL	357.00			-94.73		-238.10	24.17
12/28/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
12/31/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07

Amount Due

Statement Date	Chart Number	Page
03/04/2025	DAVEA000	1

Phone: 281-942-8005

EARL DAVIS
6003 PINEY KNOLL CT
KATY, TX 77449-8430

(979)255-0051

Make Checks Payable To:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pay	ment: 2/6/2025 An	nount of La	st Payment: -251.	88		
Patient	:	Rendering Physicia	n:	Chart Number:	Place of Service:	Date o	f Birth
EARL D	AVIS	SHARIQ J. RAU	JF MD	DAVEA000	HOUSTON	02/06/	1938
			F	Paid By Applied to	Paid by		
Dates	Procedure	Desciption Modifie	r Charge	Patient Deductible	MEDICARE	Adjustments	Remainder
11/25/24	99233	SUBSQT HOSP-DAY E&M SIG CMPL	357.00		-94.73	-238.10	24.17
11/30/24	99233	SUBSQT HOSP-DAY E&M SIG CMPL	357.00		-94.73	-238.10	24.17
12/08/24	99233	SUBSQT HOSP-DAY E&M SIG CMPL	357.00		-94.73	-238.10	24.17
Patient	:	Rendering Physicia	n:	Chart Number:	Place of Service:	Date o	f Birth
EARL D	AVIS	SHARIQ J. RAU	JF MD	DAVEA000	HOUSTON	02/06/	1938
			F	Paid By Applied to	Paid by		
Dates	Procedure	Desciption Modifie	r Charge	Patient Deductible	MEDICARE	Adjustments	Remainder
11/22/24	99222	INIT HOSP-DAY E&M MOD SEVER 50	394.00		-104.74	-262.54	26.72
11/23/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
11/26/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
11/27/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/03/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/04/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/06/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/10/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/11/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07

Amount Due

Statement Date	Chart Number	Page
03/04/2025	COREL003	1

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

ELNORA L. CORDOVA 3219 RIVER FOREST DR RICHMOND, TX 77406-8222

(713)202-7343

Маке	Checks	Payabi	e lo:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of La	st Pay	/ment: 1/1	5/2025		Amo	unt of La	ast Pay	ment: 0.00				
Patient ELNORA		CORI	DOVA	Rendering SHARIQ	•				art Number: DREL003		Place of Service: Houston	Date of 12/05/1	
	_							Paid By	Applied to	Paid by			
Dates	Proce	edure	Desciption	1	Mo	odifier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
03/08/23 99223 INIT HOSP-DAY E			Y E&M HI SEVRIT	Y 70		523.00			-140.09		-347.18	35.73	
Patient	::			Rendering	Physi	ician:		Cha	art Number:	P	Place of Service:	Date of	f Birth
ELNORA	L.	COR	DOVA	SHARIQ	•			CC	DREL003	H	louston	12/05/1	1931
								Paid By	Applied to	Paid by			
Dates	Proce	edure	Desciption	1	Mo	difier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
03/09/23	9923	32	SUBSQT HSP-	DAY E&M MINR			239.00			-63.90		-158.80	16.30
Patient	::			Rendering	Physi	ician:		Cha	art Number:	P	Place of Service:	Date of	^f Birth
ELNORA	L.	COR	DOVA	SHARIQ	•			CC	DREL003	H	louston	12/05/1	1931
								Paid By	Applied to	Paid by			
Dates	Proce	edure	Desciption	I	Mo	odifier	Charge	Patient	Deductible	AARP		Adjustments	Remainder
12/18/24	9921	15	OFC/OUTPT E	&M ESTAB MOD-	HI 40		434.00			-115.43		-289.12	29.45

Amount Due

Statement Date	Chart Number	Page
03/04/2025	CEDES000	1

Phone: 281-942-8005

ESPERANZA CEDILLO 1830 HOLLYOAK DR APT 1106 HOUSTON, TX 77084-7920

(346)308-4282

Make Checks Payable To:

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Date	of Last Pay	ment: 2/24/2025	Amount of L	ast Payment: -30.44	4		
Patien	t:	Rendering Ph	ysician:	Chart Number:	Place of Service:	Date of	f Birth
ESPERA	ANZA CED	ILLO SHARIQ J.	RAUF MD	CEDES000	Houston	04/14/	1938
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible \	WELLMED	Adjustments	Remainder
12/18/24	99215	OFC/OUTPT E&M ESTAB MOD-HI 40	434.00		-115.42	-289.13	29.45
12/11/24	99205	OFC/OUTPT E&M NEW MOD-HI 60	549.00		-145.84	-365.95	37.21
01/08/25	99215	OFC/OUTPT E&M ESTAB MOD-HI 40	434 00	-30.44	-118.64	-292.86	22 50

Amount Due

Statement Date	Chart Number	Page
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Shariq J. Rauf, MD, PA PO BOx 590104 Houston, TX 77259-0104 Phone: 281-942-8005

FRANCIS A. NHATI
31406 BEACON COVE TRL
FULSHEAR, TX 77441-2467

(281)682-6627

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

Date o	of Last Pay	yment: 1/23	3/2025	Amo	unt of L	ast Pay	ment: -165.3	31			
Patient	:	-	Rendering	Physician:		Cha	art Number:	P	lace of Service:	Date of	Birth
FRANCI	S A. NH	IATI :	SHARIQ	J. RAUF	' MD	NH	IAFR000	H	ouston	01/10/2	2003
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
07/10/24	99223	INIT HOSP-DAY	E&M HI SEVRITY	Y 70	521.00	,		-165.31		-314.36	41.33

Amount Due

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Phone: 281-942-8005

GWENDOLYN R. WYSE 21101 KINGSLAND BLVD APT 1624 KATY, TX 77450-5573

(903)949-8035

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pa	yment: 1/ 2	29/2025		Amo	unt of L	ast Pay	ment: -120	.50			
Patient	:		Rendering	Ph	ysician:		Cha	art Number:	: P	lace of Service:	Date of	f Birth
GWENDO	LYN R.	WYSE	SHARIQ	J.	RAUF	MD	W`	YSGW000) н	OUSTON	04/03/	1964
							Paid By	Applied to	Doid by			
Dates	Procedure	Desciptio	n		Modifier	Charge	Patient	Deductible	Paid by Superior		Adjustments	Remainder
11/15/24	99233	SUBSQT HO	SP-DAY E&M SIG (CMPL		357.00			-90.62		-236.17	30.21
11/25/24	99233	SUBSQT HO	SP-DAY E&M SIG (CMPL		357.00			-90.62		-236.17	30.21
11/30/24	99233	SUBSQT HO	SP-DAY E&M SIG (CMPL		357.00			-90.62		-236.17	30.21
12/08/24	99233	SUBSQT HO	SP-DAY E&M SIG (CMPL		357.00			-90.62		-236.17	30.21
12/14/24	99233	SUBSQT HO	SP-DAY E&M SIG (CMPL		357.00			-90.62		-236.17	30.21
12/17/24	99233	SUBSQT HO	SP-DAY E&M SIG (CMPL		357.00			-90.62		-236.17	30.21
Patient	: :		Rendering	Ph	ysician:		Cha	art Number:	: P	lace of Service:	Date of	f Birth
GWENDO	LYN R.	WYSE	SHARIQ	J.	RAUF	MD	W.	YSGW000) н	OUSTON	04/03/	1964
							Paid By	Applied to	Paid by			
Dates	Procedure	Desciptio	n		Modifier	Charge	Patient	Deductible	Superior		Adjustments	Remainder
11/08/24	99254	INITIAL CON	SULT LEVEL 4			377.00			-105.28		-236.62	35.10
11/09/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/12/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/13/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/17/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/19/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/20/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/22/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/23/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/26/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
11/27/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08
12/03/24	99232	SUBSQT HS	P-DAY E&M MINR			237.00			-60.25		-156.67	20.08

Phone: 281-942-8005

GWENDOLYN R. WYSE 21101 KINGSLAND BLVD APT 1624 KATY, TX 77450-5573

(903)949-8035

Statement Date	Chart Number	Page
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Make Checks Payable To:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

12/04/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08
12/06/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08
12/10/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08
12/11/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08
12/13/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08
12/15/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08
12/18/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-60.25	-156.67	20.08

Amount Due

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Phone: 281-942-8005

JACOBY D. BRYANT 12750 BRIAR FOREST DR APT 503 HOUSTON, TX 77077-2368

(832)297-0206

Make Checks Payable To:

Amount Due

348.97

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Las	t Payment	2/6/2025		Amo	unt of L	ast Pay	ment: -62.9	7			
Patient	:		Rendering	Ph	ysician:		Cha	art Number:	Place of Se	ervice:	Date o	f Birth
JACOBY	D.	BRYANT	SHARIQ	J.	RAUF	' MD	BF	RYJA001	HOUSTON		02/21/	1991
							Paid By	Applied to	Paid by			
Dates	Proced	dure Desc	ciption		Modifier	Charge	Patient	Deductible	MEDICARE	А	djustments	Remainder
11/30/24	99223	3 INIT HO	OSP-DAY E&M HI SEVRIT	Y 70		521.00			-138.31		-347.41	35.28
12/08/24	99233	3 SUBSC	T HOSP-DAY E&M SIG (MPL		357.00			-94.73		-238.10	24.17
12/14/24	99233	3 SUBSQ	T HOSP-DAY E&M SIG O	MPL		357.00			-94.73		-238.10	24.17
12/17/24	99233	3 SUBSC	T HOSP-DAY E&M SIG O	MPL		357.00			-94.73		-238.10	24.17
12/21/24	99233	3 SUBSQ	T HOSP-DAY E&M SIG O	MPL		357.00			-94.73		-238.10	24.17
12/22/24	99233	3 SUBSQ	T HOSP-DAY E&M SIG O	MPL		357.00			-94.73		-238.10	24.17
Patient	:		Rendering	Ph	ysician:		Cha	art Number:	Place of Se	ervice:	Date o	f Birth
JACOBY	D.	BRYANT	SHARIQ	J.	RAUF	' MD	BF	RYJA001	HOUSTON		02/21/	1991
							Paid By	Applied to	Doid by			
Dates	Proced	dure Desc	ciption		Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	A	djustments	Remainder
Dates 12/03/24	Proces		Ciption		Modifier	Charge 237.00	•		-	A	djustments	Remainder
		2 SUBSQ	<u>'</u>		Modifier		•		MEDICARE	A	-	
12/03/24	99232	2 SUBSQ	T HSP-DAY E&M MINR		Modifier	237.00	•		-62.97	A	-157.96	16.07
12/03/24 12/04/24	99232	2 SUBSCI 2 SUBSCI 2 SUBSCI	T HSP-DAY E&M MINR T HSP-DAY E&M MINR		Modifier	237.00 237.00	•		-62.97 -62.97	A	-157.96 -157.96	16.07 16.07
12/03/24 12/04/24 12/06/24	99232 99232 99232	2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO	ET HSP-DAY E&M MINR OUTHSP-DAY E&M MINR OUTHSP-DAY E&M MINR		Modifier	237.00 237.00 237.00	•		-62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96	16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24	99232 99232 99232 99232	2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO	AT HSP-DAY E&M MINR AT HSP-DAY E&M MINR AT HSP-DAY E&M MINR AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24 12/11/24	99232 99232 99232 99232	2 SUBSCI 2 SUBSCI 2 SUBSCI 2 SUBSCI 2 SUBSCI 2 SUBSCI	AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24 12/11/24 12/13/24	99232 99232 99232 99232 99232	2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO	AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24 12/11/24 12/13/24 12/15/24	99232 99232 99232 99232 99232 99232	2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO 2 SUBSO	AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24 12/11/24 12/13/24 12/15/24 12/18/24	99232 99232 99232 99232 99232 99232 99232	2 SUBSO	AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07 16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24 12/11/24 12/13/24 12/15/24 12/18/24 12/24/24	99232 99232 99232 99232 99232 99232 99232 99232	2 SUBSO	AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00 237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96 -157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07 16.07 16.07 16.07
12/03/24 12/04/24 12/06/24 12/10/24 12/11/24 12/13/24 12/15/24 12/18/24 12/24/24	99232 99232 99232 99232 99232 99232 99232 99232	2 SUBSO	AT HSP-DAY E&M MINR		Modifier	237.00 237.00 237.00 237.00 237.00 237.00 237.00 237.00 237.00	•		-62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97 -62.97	A	-157.96 -157.96 -157.96 -157.96 -157.96 -157.96 -157.96 -157.96 -157.96	16.07 16.07 16.07 16.07 16.07 16.07 16.07 16.07

Shariq	J.	Ra	uf,	MD,	PA			
PO BOx	590	110	4					
Houston	ı, I	ľX	772	59-0:	104			
Phone: 281-942-8005								

JACOBY D. BRYANT 12750 BRIAR FOREST DR APT 503

HOUSTON, TX 77077-2368

(832)297-0206

Statement Date	Chart Number	Page
03/04/2025	BRYJA001	2

Make Checks Payable To:

Shariq J. Rauf, MD, PA P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Amount Due

Statement Date	Chart Number	Page
03/04/2025	MCWJ0000	1

Phone: 281-942-8005

JOE M. MCWHORTER
2300 WARD BEND RD TRLR 834
SEALY, TX 77474-7975

(281)451-5585

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

Date of	of Last Pay	ment: 2/26/2025	Am	ount of L	ast Pay	ment: -87.3	6			
Patient	:	Render	ing Physician	:	Cha	art Number:	Pla	ce of Service:	Date of	f Birth
JOE M.	MCWHOR	TER SHARI	Q J. RAU	F MD	MC	CWJO000	Hou	uston	11/20/	1956
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	AMERIGR		Adjustments	Remainder
01/19/25	99233	SUBSQT HOSP-DAY E&M	SIG CMPL	351.87	,		-87.36		-242.22	22.29

Amount Due

Statement Date	Chart Number	Page
03/04/2025	WHIJ0004	1

Phone: 281-942-8005

JOE N. WHITAKER 13727 RAMPCHESTER LN HOUSTON, TX 77015-1410

(832)291-9044

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pay	ment: 1/9/2025		Amo	unt of	Last Pay	ment: -777.8	31		
Patient	:	Renderin	g Phy	/sician:		Cha	art Number:	Place of Service:	Date of	f Birth
JOE N.	WHITAK	ER SHARIÇ	J.	RAUF	' MD	WI	HIJO004	BAYSHORE	10/01/	1946
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	N	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
08/11/24	99223	INIT HOSP-DAY E&M HI SEVR	ITY 70		521.0	0	<u> </u>	-149.95	-344.59	26.46
08/12/24	99233	SUBSQT HOSP-DAY E&M SIG	CMPL		357.0	0		-102.71	-236.17	18.12
08/14/24	99233	SUBSQT HOSP-DAY E&M SIG	CMPL		357.0	0		-102.71	-236.17	18.12
08/15/24	99233	SUBSQT HOSP-DAY E&M SIG	CMPL		357.0	0		-102.71	-236.17	18.12
Patient	:	Renderin	g Phy	/sician:		Cha	art Number:	Place of Service:	Date of	f Birth
JOE N.	WHITAK					NP W	HIJO004	BAYSHORE	10/01/	1946
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	N	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
08/13/24	99232	SUBSQT HSP-DAY E&M MINE			237.0	0		-53.17	-174.45	9.38
08/16/24	99232	SUBSQT HSP-DAY E&M MINE	t		237.0	0		-53.17	-174.45	9.38
Patient	:	Renderin	g Phy	/sician:		Cha	art Number:	Place of Service:	Date of	f Birth
JOE N.	WHITAK	ER SHARIÇ	J.	RAUF	' MD	WI	HIJO004	BAYSHORE	10/01/	1946
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	N	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
11/17/24	99255	INITIAL CONSULT LEVEL 5			495.0	0		-163.20	-303.01	28.79
Patient	:	Renderin	g Phy	/sician:		Cha	art Number:	Place of Service:	Date of	f Birth
JOE N.	WHITAK	ER SHARIÇ	J.	RAUF	' MD	WI	HIJO004	BAYSHORE	10/01/	1946
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	N	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder

Statement Date	Chart Number	Page
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Phone: 281-942-8005

JOE N. WHITAKER 13727 RAMPCHESTER LN HOUSTON, TX 77015-1410

(832)291-9044

Make	Checks	Payable	10

Shariq J. Rauf, MD, PA P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

11/18/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-68.29	-156.67	12.04
11/25/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-68.29	-156.67	12.04
11/21/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-68.29	-156.67	12.04
Patient	:	Rendering I	Physician:		Cha	art Number:	Place of Service:	Date of	Birth
JOE N.	WHITAK	ER SHARIQ	J. RAUF	' MD	Wŀ	HIJO004	BAYSHORE	10/01/1	946
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
12/10/24	99255	INITIAL CONSULT LEVEL 5		495.00			-163.20	-303.01	28.79
12/15/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-68.29	-156.67	12.04

Amount Due

Statement Date	Chart Number	Page
03/04/2025	SERJO000	1

Phone: 281-942-8005

JOSE A. SERNA 3027 APPLE DALE DR HOUSTON, TX 77084-7284

(713)409-4297

Make Checks Payable To:

Amount Due

251.83

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pay	ment: 11/29/2024	Amo	ount of L	ast Pay	ment: -503	.76			
Patient	:	Rendering	Physician:		Cha	art Number:	Place o	of Service:	Date of	Birth
JOSE A	. SERNA	SHARIQ	J. RAUE	MD	SE	RJO000	HOUST	ΓON	02/03/	950
					Paid By	Applied to	Doid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	Paid by MEDICARE		Adjustments	Remainder
10/09/24	99222	INIT HOSP-DAY E&M MOD SEVE	ER 50	394.00			-104.74		-262.54	26.72
10/11/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/12/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/15/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/16/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/18/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/20/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/22/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/23/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/25/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/29/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
10/30/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-62.97		-157.96	16.07
Patient	:	Rendering	Physician:		Cha	art Number:	Place o	of Service:	Date of	Birth
JOSE A	. SERNA	SHARIQ	J. RAUE	MD	SE	RJO000	HOUST	TON _	02/03/1	950
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
10/24/24	99233	SUBSQT HOSP-DAY E&M SIG C	MPL	357.00			-94.73		-238.10	24.17
10/26/24	99233	SUBSQT HOSP-DAY E&M SIG C	MPL	357.00			-94.73		-238.10	24.17

Statement Date	Chart Number	Page
03/04/2025	PERJU004	1

Phone: 281-942-8005

JUAN PEREZ-PICHARDO 4418 PONCA ST PASADENA, TX 77504-3559

(346)383-6067

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

Dat	e of Last Pay	/ment: 1/2	1/2025	Amo	ount of L	ast Pay	ment: -104	1.74			
Patier	nt:		Rendering F	hysician:		Cha	art Number	:. Р	lace of Service:	Date of	f Birth
JUAN	PEREZ-PI	CHARDO	SHARIQ 3	J. RAUE	MD	PE	RJU004	B	AYSHORE	03/11/	1942
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
12/15/2	4 99222	INIT HOSP-DAY	E&M MOD SEVER	R 50	394.00		•	-104.74		-262.54	26.72

Amount Due

Statement Date	Chart Number	Page
03/04/2025	KAUKI000	1

Phone: 281-942-8005

KIM V. KAUB 1605 E MEYER RD SEABROOK, TX 77586-3052

(713)444-8956

Shariq J. Rauf, MD, PA P.O. Box 590104 Houston, TX 77259-0104 Phone: 281-942-8005

Make Checks Payable To:

Date of	of Last Pay	ment: 11/25/2024	Amo	ount of L	ast Pay	ment: -110.	18			
Patient	:	Rendering F	Physician:		Cha	art Number:	Р	lace of Service:	Date of	f Birth
KIM V.	KAUB	SHARIQ	J. RAUI	MD	KAUKI000		Shariq J Rauf		09/24/1955	
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	AETNA		Adjustments	Remainder
03/28/24	99214	OFC/OUTPT E&M ESTAB MOD-H	1 25	387.00			-66.56		-280.44	40.00

Amount Due

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

Phone: 281-942-8005

LEEDELL W. CLAY 21231 BROOKWOOD CRESCENT DR KATY, TX 77449-2849

(504)913-1493

Make Checks Payable To:

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Date	of Last Pay	/ment: 1/3(0/2024	A	Amount of L	ast Pay	ment: -127	.80			
Patient	:		Rendering	Physic	ian:	Ch	art Number	: Pla	ace of Service:	Date o	f Birth
LEEDEL	L W. CL	AY	SHARIQ	J. R	AUF MD	CL	LALE000	Но	uston	03/23/	1961
						Paid By	Applied to	Paid by	Paid by BLUE		
Dates	Procedure	Desciption		Modi	fier Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
11/23/23	99222	INIT HOSP-DAY	E&M MOD SEVE	ER 50	393.00			-105.21	-7.41	-260.95	19.43
11/25/23	99232	SUBSQT HSP-D	DAY E&M MINR		239.00			-63.90	0.00	-158.80	16.30
Patient	:		Rendering	Physic	ian:	Ch	art Number	: Pla	ace of Service:	Date o	f Birth
LEEDEL	L W. CL	AY	SHARIQ	J. R	AUF MD	CL	CLALE000 Ho		uston	03/23/	1961
						Paid By	Applied to	Doid by	Paid by		
Dates	Procedure	Desciption		Modi	fier Charge	Patient	Deductible	Paid by MEDICARE	BLUE	Adjustments	Remainder
12/13/23	99232	SUBSQT HSP-D	DAY E&M MINR		237.00			-63.90	0.00	-156.80	16.30
12/15/23	99232	SUBSQT HSP-D	DAY E&M MINR		237.00			-63.90	0.00	-156.80	16.30
Patient	:		Rendering	Physic	ian:	Ch	art Number	: Pla	ace of Service:	Date o	f Birth
LEEDEL	L W. CL	AY	SHARIQ	J. R	AUF MD	CL	ALE000	HC	USTON	03/23/	1961
						Paid By	Applied to	Paid by	Paid by		
Dates	Procedure	Desciption		Modi	fier Charge	Patient	Deductible	MEDICARE	BLUE	Adjustments	Remainder
12/09/23	99223	INIT HOSP-DAY	'E&M HI SEVRIT	Y 70	523.00			-140.08	-26.40	-347.19	9.33
12/12/23	99232	SUBSQT HSP-D	DAY E&M MINR		239.00			-63.90	0.00	-158.80	16.30

Amount Due	
93.96	

Statement Date	Chart Number	Page
03/04/2025	LEWLE001	1

Phone: 281-942-8005

LESTER LEWIS
400 N TEXAS AVE
ANAHUAC, TX 77541-9163

(702)303-7030

Make Checks Payable To:
Shariq J. Rauf, MD, PA

Silariq 5. Radi, MD, 1 A

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	of Last Pay	ment: 1/21/2025	Amount of La	ast Pay				
Patient	:	Rendering Phys	ician:	Cha	art Number:	Place of Service:	Date of	f Birth
LESTER	LEWIS	SHARIQ J. 1	RAUF MD	LE	WLE001	Shariq J Rauf	02/17/1	1949
				Paid By	Applied to	Paid by		
Dates	Procedure	Desciption Mo	odifier Charge	Patient	Deductible	DEVOTED	Adjustments	Remainder
05/30/24	99205	OFC/OUTPT E&M NEW MOD-HI 60	669.00			-178.13	-445.87	45.00
Patient	:	Rendering Phys	ician:	Cha	art Number:	Place of Service:	Date of	Birth
LESTER	LEWIS	SHARIQ J. 1	RAUF MD	LE	WLE001	Shariq J Rauf	02/17/1	1949
				Paid By	Applied to	Paid by		
Dates	Procedure	Desciption Mo	odifier Charge	Patient	Deductible	WELLCAR	Adjustments	Remainder
11/07/24	99215	OFC/OUTPT E&M ESTAB MOD-HI 40	434.00			-161.66	-252.34	20.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	COLLI001	1

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

LIMARI S. COLON 14918 LIMBER OAK ST

HOUSTON, TX 77082-3112

(713)503-3575

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date	of Last Pay	ment: 3/3/2025	Amo	ast Pay	ment: -177. 1	12			
Patient	:	Rendering Pl	nysician:		Cha	art Number:	Place of Service:	Date o	f Birth
LIMARI	S. COL	ON SHARIQ J	. RAUI	MD	CC	DLLI001	THE _	12/08/	1978
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
01/02/25	99233	SUBSQT HOSP-DAY E&M SIG CMP	L	357.00			-88.56	-246.30	22.14
01/03/25	99233	SUBSQT HOSP-DAY E&M SIG CMP	L	357.00			-88.56	-246.30	22.14

Amount Due

Statement Date	Chart Number	Page
03/04/2025	BAYMA000	1

Phone: 281-942-8005

MARK A. BAYES 20211 LONGENBAUGH RD APT 2305 CYPRESS, TX 77433-8255

(832)656-2290

Shariq J. Rauf, MD, PA						
P.O. Box 590104						
Houston, TX 77259-0104						
Phone: 281-942-8005						

Make Checks Payable To:

Date o	of Last Pay	ment: 12/5/2024	Amc	ount of L	ast Pay	ment: -108.9	95		
Patient	:	Rendering Ph	nysician:		Cha	art Number:	Place of Service	: Date o	f Birth
MARK A.	. BAYES	SHARIQ J	. RAUF	MD	BA	YMA000	SHARIQ J	09/15/	1960
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	AETNA	Adjustments	Remainder
10/22/24	99204	OFC/OUTPT E&M NEW MOD-HI 45		507.00			-108.95	-368.05	30.00

Amount Due 30.00

Statement Date	Chart Number	Page
03/04/2025	SINMA001	1

Phone: 281-942-8005

MARY L. SINGER 202 E SAN JACINTO HIGHLAND, TX 77562-3767

(281)426-4155

Date	of Last Pay	ment: 1/21/2025	Amo	ount of L	ast Pay	ment: -62.4 3	3			
Patient	:	Rendering F	hysician:		Cha	art Number:	Plac	e of Service:	Date of	Birth
MARY L	. SINGE	R SHARIQ J	J. RAUI	MD	SII	VMA001	Sha	riq J Rauf	12/31/1	1970
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE		Adjustments	Remainder
09/19/24	99214	OFC/OUTPT E&M ESTAB MOD-HI	25	387.00	-40	.00	-62.43		-282.96	1.61
10/10/24	99214	OFC/OUTPT E&M ESTAB MOD-HI	25	387.00			-62.43		-282.96	41.61

Amount Due

Statement Date	Chart Number	Page
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Shariq J. Rauf, MD, PA PO BOx 590104 Houston, TX 77259-0104 Phone: 281-942-8005

MARY R. BOUTWELL 16413 2ND ST

CHANNELVIEW, TX 77530-4447

(832)884-9737

Make Checks Payable To:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date o	of Last Pay	ment: 1/2	8/2025		Amo	unt of La	ast Pay	ment: -145 .	.01			
Patient:	:		Rendering	Phy	sician:		Cha	art Number:	: F	Place of Service:	Date of	Birth
MARY R.	BOUTW	ELL	SHARIQ	J.	RAUF	MD	BC	000AMU	5	Shariq J Rauf	07/07/1	1957
							Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	1	N	/lodifier	Charge	Patient	Deductible	WELLME)	Adjustments	Remainder
01/20/22	99205	OFC/OUTPT E	&M NEW MOD-HI	I 60		690.00			-183.75		-460.31	45.94
02/24/22	99214	OFC/OUTPT E	&M ESTAB MOD-	HI 25		400.00			-106.56	i	-266.80	26.64
01/12/23	99215	OFC/OUTPT E	&M ESTAB MOD-	HI 40		563.00		-143.2	4 -175.52		-379.24	8.24
07/06/23	99214	OFC/OUTPT E	&M ESTAB MOD-	HI 25		385.00			-103.17		-255.51	26.32
01/04/24	99214	OFC/OUTPT E	&M ESTAB MOD-	HI 25		387.00			-101.14		-260.06	25.80
10/10/24	99215	OFC/OUTPT E	&M ESTAB MOD-	HI 40		546.00			-145.01		-364.00	36.99
Patient:	:		Rendering	Phy	sician:		Cha	art Number:	. F	Place of Service:	Date of	Birth
MARY R.	BOUTW	ELL	SHARIQ	J.	RAUF	MD	BC	000AMU		SHARIQ J	07/07/1	1957
							Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	1	Λ	/lodifier	Charge	Patient	Deductible	WELLME)	Adjustments	Remainder
07/11/24	99214	OFC/OUTPT E	&M ESTAB MOD-	HI 25		387.00			-102.81		-257.96	26.23

Amount Due

Statement Date	Chart Number	Page		
03/04/2025	THOMI007	1		

Phone: 281-942-8005

MISTY THOMAS 12827 FAWNWAY DR HOUSTON, TX 77048-4153

(713)269-5584

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date of Last Payment: 2/26/2025 Amount of Last Payment: -154.98									
Patient	:	Rendering PI	nysician:		Cha	art Number:	Place of Service:	Date o	f Birth
MISTY	THOMAS	SHARIQ J	. RAUI	MD	TH	IOMI007	THE	04/06/	1978
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
01/02/25	99233	SUBSQT HOSP-DAY E&M SIG CMP	L	357.00			-77.49	-246.30	33.21
01/03/25	99233	SUBSQT HOSP-DAY E&M SIG CMP	L	357.00			-77.49	-246.30	33.21

Amount Due

Statement Date	Chart Number	Page
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Phone: 281-942-8005

OKEKE M. OKOYE 25502 CANYON CROSSING DR RICHMOND, TX 77406-7277

(346)697-1264

Shariq J. Rauf, MD, PA P.O. Box 590104 Houston, TX 77259-0104 Phone: 281-942-8005

Make Checks Payable To:

Date	of Last Pay	ment: 12/30/2024	Amou	unt of L	ast Pay	ment: -94.7	73			
Patient	:	Renderii	ng Physician:		Cha	art Number:	Place	of Service:	Date of	Birth
OKEKE	M. OKOY	E SHARI	Q J. RAUF	MD	OKOOK000		Housto	Houston		1957
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier (Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
11/30/24	99233	SUBSQT HOSP-DAY E&M S	IG CMPL	357.00			-94.73		-238.10	24.17

Amount Due

Statement Date	Chart Number	Page			
03/04/2025	ACURA000	1			

Phone: 281-942-8005

RAFAELA ACUNA 711 PITTS AVE PASADENA, TX 77506-1334

(832)360-4046

Make Checks Payable To:

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Date	Date of Last Payment: 1/9/2025 Amount of Last Payment: -111.19									
Patient: Rendering Physician:				Chart Number: Pla			ervice:	Date of Birth		
RAFAEL	FAELA ACUNA JAMIE L. REBANDO FNP		IP AC	URA000	BAYSHOR	RE	08/29/1985			
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	AETNA	Adjus	tments	Remainder
10/13/24	99255	INITIAL CONSULT LEVEL 5	495.00			-191.19			-256.01	47.80
Patient: Rendering Phys			hysician:	sician: Chart Numb		art Number:	Place of S	ervice:	Date of Birth	
RAFAELA ACUNA		SHARIQ J	. RAUE	' MD	ACURA000		BAYSHOR	RE	08/29/1985	
		_			Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	AETNA	Adjus	tments	Remainder
10/14/24	99233	SUBSQT HOSP-DAY E&M SIG CMF	PL	357.00			-111.19		-218.01	27.80

Amount Due

Statement Date	Chart Number	Page
03/04/2025	ESTRA001	1

Phone: 281-942-8005

RAYMUNDO ESTRELLA 115 BAYOU DR CHANNELVIEW, TX 77530-3012

(281)236-2903

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

Date of Last Payment: 7/3/2023 Amount of Last Payment: -71.30										
Patient	::	Rendering Pl	nysician:		Cha	art Number:	Pla	ice of Service:	Date of	f Birth
RAYMUNDO ESTRELLA SHAR		ELLA SHARIQ J	. RAUI	F MD ESTRA001		TRA001	ST. LUKE'S		01/23/1991	
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE		Adjustments	Remainder
05/23/24	99205	OFC/OUTPT E&M NEW MOD-HI 60		549.00			0.00		-325.94	223.06
05/28/24	99214	OFC/OUTPT E&M ESTAB MOD-HI	25	292.00			0.00		-163.00	129.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	BECRI001	1

Phone: 281-942-8005

RICARDO BECERRA 19103 STONE LEAF DR RICHMOND, TX 77407-3641

(832)818-5675

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Date	of Last Pay	ment: 1/8/2025		Amo	ount of L	ast Pay	ment: -883.0	08			
Patient	:	Rendering	g Ph	ysician:		Cha	art Number:	Place	e of Service:	Date of	Birth
RICARD	O BECER	RA SHARIQ	J.	RAUE	MD	BE	CRI001	HOU	STON	08/13/	1976
						Paid By	Applied to	Daid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	Paid by BLUE		Adjustments	Remainder
07/21/24	99233	SUBSQT HOSP-DAY E&M SIG	CMPL		357.00)		0.00		-236.17	120.83
07/24/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
07/25/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
07/26/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
07/27/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
07/30/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
07/31/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/02/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/03/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/06/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/07/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/09/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/13/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/14/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/16/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/17/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/23/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/24/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/27/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/28/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/30/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33
08/31/24	99232	SUBSQT HSP-DAY E&M MINR			237.00)		0.00		-156.67	80.33

Statement Date	Chart Number	Page
03/04/2025	BECRI001	2

Phone: 281-942-8005

RICARDO BECERRA 19103 STONE LEAF DR RICHMOND, TX 77407-3641

(832)818-5675

Make	Checks	Payable	To:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Patient	:	Rendering	Physician:			art Number:	-	lace of Service:	Date of	f Birth
RICARD	O BECER	RA SHARIQ	J. RAUI	MD	BE	ECRI001	H	OUSTON	08/13/	1976
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	BLUE		Adjustments	Remainder
08/10/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-156.67	80.33
08/20/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-156.67	80.33
08/21/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-156.67	80.33
07/22/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00		-156.67	80.33

Amount Due

2,129.08

Statement Date	Chart Number	Page
03/04/2025	HEARO002	1

Phone: 281-942-8005

RONALD J. HEATHCOCK 1422 MCFADDEN RD LAKE JACKSON, TX 77566-3603

(979)373-4178

Date of Last Payment: 1/6/2025

Make Checks Payable	To:
---------------------	-----

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Patient	:		Rendering	Ph	ysician:		Cha	art Number:	Place of Service:	Date o	f Birth
RONALD	J. HEA	THCOCK	SHARIQ	J.	RAUE	MD	HE	ARO002	HOUSTON	06/26/	1967
							Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	า		Modifier	Charge	Patient	Deductible	KELSEY-	Adjustments	Remainder
10/24/24	99233	SUBSQT HOS	P-DAY E&M SIG C	MPL		357.00			-66.46	-236.17	54.37
10/26/24	99233	SUBSQT HOS	P-DAY E&M SIG C	MPL		357.00			-66.46	-236.17	54.37
Patient	:		Rendering	Ph	ysician:		Cha	art Number:	Place of Service:	Date o	f Birth
RONALD	J. HEA	THCOCK	SHARIQ	J.	RAUE	MD	HE	ARO002	HOUSTON	06/26/	1967
							Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	า		Modifier	Charge	Patient	Deductible	KELSEY-	Adjustments	Remainder
09/22/24	99233	SUBSQT HOS	P-DAY E&M SIG C	MPL		357.00			-66.46	-236.17	54.37
09/24/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
09/25/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
09/27/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
09/29/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/01/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/02/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/04/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/05/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/08/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/09/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/11/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/12/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/15/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/16/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15
10/18/24	99232	SUBSQT HSP-	-DAY E&M MINR			237.00			-44.18	-156.67	36.15

Amount of Last Payment: -44.18

Phone: 281-942-8005

RONALD J. HEATHCOCK 1422 MCFADDEN RD LAKE JACKSON, TX 77566-3603

(979)373-4178

Statement Date	Chart Number	Page
03/04/2025	HEARO002	2

Make Checks Payable To:

Shariq J. Rauf, MD, PA P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

10/20/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15
10/22/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15
10/23/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15
10/25/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15
10/29/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15
10/30/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15
11/01/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	-44.18	-156.67	36.15

Amount Due

Statement Date	Chart Number	Page
03/04/2025	REDRU000	1

Phone: 281-942-8005

RUTHANN REDFIELD GYAMFI 9402 VICKIJOHN DR HOUSTON, TX 77031-1735

(281)908-9784

Shariq J. Rauf, MD, PA	
P.O. Box 590104	
Houston, TX 77259-0104	
Phone: 281-942-8005	

Make Checks Payable To:

Date of	of Last Pay	ment: 1/10/2025	Amo	ount of L	ast Pay	ment: 0.00				
Patient	:	Rendering	Physician:		Cha	art Number:	PI	ace of Service:	Date of	f Birth
RUTHAN	N REDFI	ELD SHARIQ	J. RAUI	MD	RE	DRU000	Н	ouston	02/14/	1956
					Paid By	Applied to	Paid by	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	GEHA	MEDICARE	Adjustments	Remainder
10/24/24	99233	SUBSQT HOSP-DAY E&M SIG	CMPL	357.00			-108.75	0.00	-236.17	12.08

Amount Due

Statement Date	Chart Number	Page
03/04/2025	MCCSA001	1

Phone: 281-942-8005

SANDRA R. MCCORPEN 4618 DAISY MEADOW DR KATY, TX 77449-1209

(404)202-6125

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104

Make Checks Payable To:

Phone: 281-942-8005

Date o	of Last Pay	ment: 1/17/2025	S Am	ount of L	ast Pay	ment: 0.00			
Patient	:	Rende	ring Physiciar	:	Cha	art Number	: Place of Service:	Date o	Birth
SANDRA	R. MCC	ORPEN SHAR	IQ J. RAU	F MD	MC	CCSA001	Houston	04/16/	1952
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	MEDICARE	Adjustments	Remainder
12/21/24	99222	INIT HOSP-DAY E&M MOI	SEVER 50	394.00	1		0.00	-260.40	133.60
12/22/24	99233	SUBSQT HOSP-DAY E&M	SIG CMPL	357.00			0.00	-236.17	120.83

Amount Due

Statement Date	Chart Number	Page
03/04/2025	HAUSE000	1

Phone: 281-942-8005

SEAN A. HAULBROOK 2215 FAIRWAY CIR PEARLAND, TX 77581-5117

(214)536-2900

Make Checks Payable To:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date	Date of Last Payment: 12/18/2024 Amount of Last Payment: -309.36								
Patient	:	Rendering I	Physician:	Cł	nart Number:	PI	ace of Service:	Date o	f Birth
SEAN A	. HAULB	ROOK JAMIE L	. REBANDO 1	ene H	AUSE000	S	T. LUKE'S	09/09/	1974
				Paid By	Applied to	Paid by	Paid by		
Dates	Procedure	Desciption	Modifier Charg	e Patient	Deductible	BLUE	MEDICARE	Adjustments	Remainder
03/22/24	11045	Deb subq tissue add-on	78.	00		0.00	-17.53	-57.58	2.89
03/22/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50
03/29/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50
04/12/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50
04/19/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50
05/01/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50
05/15/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50
05/21/24	11042	Deb subq tissue 20 sq cm/<	185.	00		0.00	-41.69	-136.81	6.50

Amount Due

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

Phone: 281-942-8005

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

(281)960-0943

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

Date o	of Last Pa	yment: 1/28	3/2025	Amo	ount of L	ast Pay	ment: -94.7	73			
Patient	:		Rendering	Physician:	•	Cha	art Number:	Pla	ace of Service:	Date of	Birth
SHARON	G. DOI	LEJSI	SHARIQ	J. RAUF	MD	DC	DLSH000	Ho	ouston	05/25/1	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

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

Phone: 281-942-8005

SHERRI TORREZ 22930 BENBURY DR KATY, TX 77450-1422

(281)775-8750

Shariq J. Rauf, MD, PA P.O. Box 590104 Houston, TX 77259-0104 Phone: 281-942-8005

Make Checks Payable To:

Date o	of Last Pay	ment: 12/30/2024	Amo	ount of L	ast Pay	ment: -80.83	3		
Patient	:	Rendering P	hysician:		Cha	art Number:	Place of Service:	Date of	Birth
SHERRI	TORREZ	SHARIQ J	. RAUF	' MD	TO	RSH000	Houston	05/22/1	1962
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	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

Statement Date	Chart Number	Page
03/04/2025	YOUSY000	1

Phone: 281-942-8005

SYED A. YOUSUF 2306 NANAK DR SUGAR LAND, TX 77498-2079

(718)290-4250

Make Checks Payable To:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Date	Date of Last Payment: 2/6/2025 Amount of Last Payment: -62.97									
Patient	:	Renderi	ng Ph	ysician:		Cha	art Number	: Place of Service:	Date o	f Birth
SYED A	. YOUSU	F SHARI	QJ.	RAUF	' MD	YC	USY000	HOUSTON	08/09/	1956
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	MEDICARE	Adjustments	Remainder
12/21/24	99222	INIT HOSP-DAY E&M MOD	SEVER 50)	394.00			-104.74	-262.54	26.72
12/22/24	99233	SUBSQT HOSP-DAY E&M S	IG CMPL		357.00			-94.73	-238.10	24.17
Patient	:	Renderi	ng Ph	ysician:		Cha	art Number	: Place of Service:	Date of	f Birth
Patient SYED A			•	•	' MD		art Number OUSY000	: Place of Service: HOUSTON	Date o ⁻ 08/09/	
			•	•	' MD			HOUSTON		
			QJ.	•	MD Charge	YC	USY000			
SYED A	. YOUSU	F SHARI	Q́J.	RAUF		Paid By Patient	Applied to	HOUSTON Paid by	08/09/	1956
SYED A	. YOUSU	F SHARI Desciption	Q J.	RAUF	Charge	Paid By Patient	Applied to	HOUSTON Paid by MEDICARE	08/09/	1956 Remainder
Dates 12/24/24	Procedure	Desciption SUBSQT HSP-DAY E&M MIR	Q J.	RAUF	Charge 237.00	YC Paid By Patient	Applied to	HOUSTON Paid by MEDICARE -62.97	08/09/ Adjustments -157.96	1956 Remainder 16.07

An	าount	Due

Statement Date	Chart Number	Page
03/04/2025	VELTA000	1

Phone: 281-942-8005

TAYLOR R. VELARDE
9900 S MASON RD APT 1117
RICHMOND, TX 77406-6105

(281)902-6156

Shariq J. Rauf, MD, PA	
P.O. Box 590104	
Houston, TX 77259-0104	
Phone: 281-942-8005	

Make Checks Payable To:

Date o	of Last Pay	ment: 1/10/2025	Amo	ount of L	ast Pay	ment: 0.00				
Patient	:	Rendering	Physician:		Cha	art Number:	Р	lace of Service:	Date of	Birth
TAYLOR	R. VEL	ARDE SHARIQ	J. RAUE	MD	VE	LTA000	H	ouston	02/06/1	1991
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
12/08/24	99222	INIT HOSP-DAY E&M MOD SEVE	R 50	394.00		-139.32	0.00		-254.68	139.32

Amount Due

Statement Date	Chart Number	Page
03/04/2025	CAVTE000	1

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

TERRI L. CAVAZOS 12414 CLAUDIA DR

HOUSTON, TX 77015-6610

(281)908-8436

Make Checks Payable To:

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Date o	of Last Pay	ment: 3/3/2	2025	Amc	ount of L	ast Pay	ment: -120.1	8		
Patient	:		Rendering F	hysician:		Cha	art Number:	Place of Service:	Date of	i Birth
TERRI I	L. CAVA	zos	SHARIQ J	J. RAUF	' MD	CA	AVTE000	Shariq J Rauf	09/20/1	1963
						Paid By	Applied to	Paid by		
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	AETNA	Adjustments	Remainder
01/09/25	99205	OFC/OUTPT E&	M NEW MOD-HI 6	ãO	666.33	,		-120.18	-516.15	30.00

Amount Due

Statement Date	Chart Number	Page		
03/04/2025	PARTH000	1		

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

THOMAS L. PARMER
PO BOX 639
WALLIS, TX 77485-0639

(979)746-1528

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date of	Date of Last Payment: Amount of Last Payment: 0.00										
Patient	:	F	Rendering F	Physician:	•	Cha	art Number	: Р	lace of Service:	Date of	Birth
THOMAS	L. PAR	MER S	HARIQ 3	J. RAUE	MD	PA	RTH000	Н	ouston	11/28/1	1942
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	WELLMED		Adjustments	Remainder
01/29/25	99205	OFC/OUTPT E&M	NEW MOD-HI	60	545.64			-153.74		-366.90	25.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	THOTI000	1

Phone: 281-942-8005

TIMOTHY L. THOMAS 805 MIDAS LN ALVIN, TX 77511-4343

(713)748-5177

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Date of Last Payment: 9/27/2024 Amount of Last Payment: -58.44												
Patient	:		Rendering	Phy	/sician:		Cha	art Number:	P	lace of Service:	Date of	Birth
TIMOTH	Y L. TE	HOMAS	SHARIQ	J.	RAUF	MD	TH	IOTI000	Н	IOUSTON	05/31/	1960
							Paid By	Applied to	Paid by	-		
Dates	Procedure	Desciption	n	ľ	Modifier	Charge	Patient	Deductible	AETNA		Adjustments	Remainder
05/21/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-29.22		-178.56	29.22
05/24/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-29.22		-178.56	29.22
05/25/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			-29.22		-178.56	29.22
05/28/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-157.98	79.02
05/29/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-157.98	79.02
05/30/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-157.98	79.02
05/31/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-157.98	79.02
06/02/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/04/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/05/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/07/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/08/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/09/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/11/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/12/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/14/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/15/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/18/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/19/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/21/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/23/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/25/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
06/28/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33
07/02/24	99232	SUBSQT HSP	-DAY E&M MINR			237.00			0.00		-156.67	80.33

Phone: 281-942-8005

TIMOTHY L. THOMAS 805 MIDAS LN ALVIN, TX 77511-4343

(713)748-5177

Statement Date	Chart Number	Page
03/04/2025	THOTI000	2

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104 Houston, TX 77259-0104

07/03/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/05/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/06/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/10/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/08/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/09/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/12/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/14/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/16/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/17/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/19/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/21/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/24/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/25/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/26/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/27/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/30/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
07/31/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
08/02/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
08/03/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
08/06/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
08/07/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
08/09/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
08/13/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			0.00	-156.67	80.33
Patient	:	Rendering	g Physician:	:	Chr	art Number:	Place of Service:	Date of	Birth
TIMOTHY	<u> </u>	HOMAS SHARIQ	J. RAUI	· MD	T	OO0ITOH	HOUSTON	05/31/1	960
					Paid By	Applied to	Paid by		
Dates	Procedure	e Desciption	Modifier	Charge	Patient	Deductible	AETNA	Adjustments	Remainder

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

TIMOTHY L. THOMAS 805 MIDAS LN

ALVIN, TX 77511-4343

(713)748-5177

Statement Date	Chart Number	Page
03/04/2025	THOTI000	3

Make Checks Payable To:

Shariq J. Rauf, MD, PA P.O. Box 590104

Houston, TX 77259-0104 Phone: 281-942-8005

08/10/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	0.00	-156.67	80.33
08/20/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	0.00	-156.67	80.33
08/21/24	99232	SUBSQT HSP-DAY E&M MINR	237.00	0.00	-156.67	80.33

Amount Due

3,938.26

Statement Date	Chart Number	Page
03/04/2025	CLATI001	1

Phone: 281-942-8005

TINA D. CLARK 109 W 7TH ST APT NO 5 DEER PARK, TX 77536-2600

(832)894-0071

Make Checks Payable To:

Amount Due

Continued

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Date	of Last Pay	ment: 2/6/2025	Amount of L	ast Payment:	-167.71		
Patient		Rendering Ph	nysician:	Chart Nur	mber: Place of Service:	Date of	f Birth
TINA D	. CLARK	SHARIQ J	. RAUF MD	CLATI00)1 BAYSHORE	03/16/	1974
				Paid By Applie	ed to Boid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc	Paid by tible MEDICARE	Adjustments	Remainder
08/07/24	99223	INIT HOSP-DAY E&M HI SEVRITY 70	521.00		-138.31	-347.41	35.28
08/08/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
08/10/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
08/11/24	99233	SUBSQT HOSP-DAY E&M SIG CMPI	- 357.00		-94.73	-238.10	24.17
08/12/24	99233	SUBSQT HOSP-DAY E&M SIG CMPI	357.00		-94.73	-238.10	24.17
08/14/24	99233	SUBSQT HOSP-DAY E&M SIG CMPI	357.00		-94.73	-238.10	24.17
Patient		Rendering Ph	ysician:	Chart Nur	mber: Place of Service:	Date of	f Birth
TINA D	. CLARK	JAMIE L.	REBANDO FI	P CLATIO)1 BAYSHORE	03/16/	1974
				Paid By Applie	ed to Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc	•	Adjustments	Remainder
08/13/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-53.53	-169.81	13.66
Patient	:	Rendering Ph	ysician:	Chart Nur	mber: Place of Service:	Date of	f Birth
TINA D	. CLARK	SHARIQ J	. RAUF MD	CLATI00)1 BAYSHORE	03/16/	1974
		_		Paid By Applie	ed to Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc		Adjustments	Remainder
12/15/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/17/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07
12/18/24	99232	SUBSQT HSP-DAY E&M MINR	237.00		-62.97	-157.96	16.07

Statement Date	Chart Number	Page
03/04/2025	CLATI001	2

Phone: 281-942-8005

TINA D. CLARK 109 W 7TH ST APT NO 5 DEER PARK, TX 77536-2600

(832)894-0071

Make	Cnecks	Payable	10:

Shariq J. Rauf, MD, PA

P.O. Box 590104

Houston, TX 77259-0104

Phone: 281-942-8005

Patient		Rendering Physici SHARIQ J. RA	an: UF M D		art Number .ATI001	Place of Service: BAYSHORE	Date o 03/16/	
Dates	Procedure	Desciption Modif	er Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
12/14/24	99222	INIT HOSP-DAY E&M MOD SEVER 50	394.00		Beddottole	-104.74	-262.54	26.72
12/16/24	99232	SUBSQT HSP-DAY E&M MINR	237.00)		-62.97	-157.96	16.07

Amount Due

Statement Date	Chart Number	Page		
03/04/2025	MONTY000	1		

Phone: 281-942-8005

TYRONE C. MONCRIFFE
14502 MERRY MEADOW DR
HOUSTON, TX 77049-4320

(713)224-6600

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

Date of Last Payment: 1/23/2025 Amount of Last Payment: -110.18											
Patient	:		Rendering	Physician:		Cha	art Number:	Place of	Service:	Date of	Birth
TYRONE	C. MON	NCRIFFE	SHARIQ	J. RAUF	' MD	MC	ONTY000	Shariq J I	riq J Rauf 02/25/1954		1954
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	AETNA		Adjustments	Remainder
11/21/24	99205	OFC/OUTPT E8	&M NEW MOD-HI	60	669.00	1		-110.18		-518.82	40.00

Amount Due

Statement Date	Chart Number	Page
03/04/2025	HERVA001	1

Phone: 281-942-8005

VALERIA A. HERNANDEZLDPEZ 260 BENNETT LOOP ANGLETON, TX 77515-2365

(979)665-2251

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date of Last Payment: 1/29/2025 Amount of Last Payment: -195.42										
Patient	:	Rendering Ph	ysician:		Cha	art Number:	Place of Service	: Date o	f Birth	
VALERIA A. SHARIQ		. RAUF MD HE			RVA001 THE		09/15/1993			
					Paid By	Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	Superior	Adjustments	Remainder	
01/04/25	99255	INITIAL CONSULT LEVEL 5		495.00			-119.18	-311.65	64.17	
01/07/25	99233	SUBSQT HOSP-DAY E&M SIG CMPI	-	357.00			-76.24	-239.71	41.05	

Amount Due

Statement Date	Chart Number	Page
03/04/2025	WILWA002	1

Phone: 281-942-8005

WANDA A. WILLIAMS
5127 TIDEWATER CT
PASADENA, TX 77505-2834

(713)249-5743

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Make Checks Payable To:

Date	Date of Last Payment: 2/13/2025 Amount of Last Payment: -62.97										
Patient: Rendering Physician:					: Chart Number:			: Pl	ace of Service:	Date of Birth	
WANDA	A. WILL	IAMS SE	HARIQ J	. RAUF	' MD	WI	LWA002	BA	YSHORE	07/14/1	1935
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	MEDICARE		Adjustments	Remainder
11/04/24	99223	INIT HOSP-DAY E&	M HI SEVRITY 70	GW	521.00			-138.31		-347.41	35.28
11/05/24	99232	SUBSQT HSP-DAY	E&M MINR	GW	237.00			-62.97		-157.96	16.07
11/06/24	99232	SUBSQT HSP-DAY	E&M MINR	GW	237.00			-62.97		-157.96	16.07
11/08/24	99232	SUBSQT HSP-DAY	E&M MINR	GW	237.00			-62.97		-157.96	16.07
11/10/24	99232	SUBSQT HSP-DAY	E&M MINR	GW	237.00			-62.97		-157.96	16.07

Amount Due

Statement Date	Chart Number	Page
03/04/2025	KIRWI003	1

Phone: 281-942-8005

WILLIAM S. KIRKLIN 13730 HOLLOWGREEN DR HOUSTON, TX 77082-1869

(972)365-9997

Make Checks Payable To:

Shariq J. Rauf, MD, PA
P.O. Box 590104
Houston, TX 77259-0104
Phone: 281-942-8005

Date of	of Last Pay	ment: 12/16/ 2	2024	Amo	ount of L	ast Pay	ment: -71.69)			
Patient	:	Rer	ndering Phy	ysician:		Cha	art Number:	Place of Se	rvice:	Date of	Birth
WILLIAM S. KIRKLIN SHARIQ		ARIQ J.	RAUF MD KIRV		RW 1003	SHARIQ J		06/20/1955			
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	BLUE	A	Adjustments	Remainder
10/09/24	99204	OFC/OUTPT E&M NE	W MOD-HI 45		507.00			0.00		-457.00	50.00

Amount Due