

| Statement Date | Chart Number | Page |
|----------------|--------------|------|
| 03/04/2025 | WHIJO004 | 2 |

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

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

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

(832)291-9044

| | | | | | | |
|----------|-------|-------------------------|--------|--------|---------|-------|
| 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 Physician: | Chart Number: | Place of Service: | Date of Birth |
| JOE N. WHITAKER | SHARIQ J. RAUF MD | WHIJO004 | BAYSHORE | 10/01/1946 |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|-------------------------|----------|--------|---------|------------|---------|-------------|-----------|
| | | | | | Patient | Deductible | BLUE | | |
| 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 |
| 205.32 |