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

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

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

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Make Checks Payable To:

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P.O. Box 590104
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Date	of Last Pay	ment: 1/17/2	2025	Amount of Last Payment: 0.00				1			
Patient	:	Re	endering	Physician:		Cha	art Number	: Pla	ace of Service:	Date of	Birth
SANDRA	R. MCC	ORPEN SI	HARIQ	J. RAUE	' MD	MCCSA001		Ho	uston	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 MOD SEVE	R 50	394.00			0.00		-260.40	133.60
12/22/24	99233	SUBSQT HOSP-DA	Y E&M SIG CI	MPL	357.00			0.00		-236.17	120.83

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254.43