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

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

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

Date of Last Payment: 1/21/2025 Amount of Last Payment: -104.96											
Ра	tien	t:		Rendering	Physician:	:	Cha	art Number:	Place of Service:	Date o	f Birth
DC	ANNC	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		Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
0:	2/01/24	99204	OFC/OUTPT E&	M NEW MOD-HI	45	507.00	1		-83.97	-402.04	20.99
Patient: Rendering Physician: Chart Number: Place of Service:							Date of Birth				
DC	NNA	L. HAWK	INS	JAMIE L	. REBAN	NDO FN	15 HV	WDO001	BAYSHORE	03/19/	1961
							Paid By	Applied to	Paid by		
	Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
10	0/01/24	99255	INITIAL CONSUI	LT LEVEL 5		495.00	1		-153.60	-303.01	38.39
10	0/02/24	99232	SUBSQT HSP-D	DAY E&M MINR		237.00)		-58.88	-163.41	14.71
Patient: Rendering Physicia			Physician:	sician: Chart Number:		Place of Service: Date of Birth		f Birth			
DC	ANNO	L. HAWK	INS	SHARIQ	J. RAUI	F MD	HA	WDO001	BAYSHORE	03/19/	1961
							Paid By	Applied to	Paid by		
	Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	BLUE	Adjustments	Remainder
10	0/03/24	99232	SUBSQT HSP-D	DAY E&M MINR		237.00			-58.88	-163.41	14.71

Amount Due	
88.80	