

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

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

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

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

(979)703-9392

Date of Last Payment: **2/26/2025**      Amount of Last Payment: **-96.87**

|                          |                          |                 |                   |               |
|--------------------------|--------------------------|-----------------|-------------------|---------------|
| Patient:                 | Rendering Physician:     | Chart Number:   | Place of Service: | Date of Birth |
| <b>AYA A. ABDELLATIF</b> | <b>SHARIQ J. RAUF MD</b> | <b>ABDAY000</b> | Houston           | 04/18/1988    |

|          |           | Paid By                        |          | Applied to |         | Paid by    |        |             |           |
|----------|-----------|--------------------------------|----------|------------|---------|------------|--------|-------------|-----------|
| Dates    | Procedure | Description                    | Modifier | Charge     | Patient | Deductible | BLUE   | Adjustments | Remainder |
| 01/04/25 | 99222     | INIT HOSP-DAY E&M MOD SEVER 50 |          | 389.10     |         |            | -96.87 | -268.02     | 24.21     |

|            |
|------------|
| Amount Due |
| 24.21      |