

| 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

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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 |

LIMARI S. COLON
14918 LIMBER OAK ST
HOUSTON, TX 77082-3112

(713)503-3575

Date of Last Payment: **3/3/2025** Amount of Last Payment: **-177.12**

| | | | | |
|-----------------|----------------------|---------------|-------------------|---------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth |
| LIMARI S. COLON | SHARIQ J. RAUF MD | COLLI001 | THE | 12/08/1978 |

| Dates | Procedure | Description | Modifier | Charge | Paid By | | Paid by BLUE | Adjustments | Remainder |
|----------|-----------|------------------------------|----------|--------|---------|--------------------------|-----------------|-------------|-----------|
| | | | | | Patient | Applied to Deductible | | | |
| 01/02/25 | 99233 | SUBSQT HOSP-DAY E&M SIG CMPL | | 357.00 | | | -88.56 | -246.30 | 22.14 |
| 01/03/25 | 99233 | SUBSQT HOSP-DAY E&M SIG CMPL | | 357.00 | | | -88.56 | -246.30 | 22.14 |

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|------------|
| Amount Due |
| 44.28 |