

Statement Date	Chart Number	Page
03/04/2025	WHIJO004	1

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

Date of Last Payment: **1/9/2025**

Amount of Last Payment: **-777.81**

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 Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
08/11/24	99223	INIT HOSP-DAY E&M HI SEVRITY 70		521.00			-149.95	-344.59	26.46
08/12/24	99233	SUBSQT HOSP-DAY E&M SIG CMPL		357.00			-102.71	-236.17	18.12
08/14/24	99233	SUBSQT HOSP-DAY E&M SIG CMPL		357.00			-102.71	-236.17	18.12
08/15/24	99233	SUBSQT HOSP-DAY E&M SIG CMPL		357.00			-102.71	-236.17	18.12

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth
JOE N. WHITAKER	JAMIE L. REBANDO FNP	WHIJO004	BAYSHORE	10/01/1946

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
08/13/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-53.17	-174.45	9.38
08/16/24	99232	SUBSQT HSP-DAY E&M MINR		237.00			-53.17	-174.45	9.38

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 Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
11/17/24	99255	INITIAL CONSULT LEVEL 5		495.00			-163.20	-303.01	28.79

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 Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
-------	-----------	-------------	----------	--------	-----------------	-----------------------	--------------	-------------	-----------

Amount Due

Continued