Statement Date	Chart Number	Page		
03/04/2025	VELTA000	1		

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

TAYLOR R. VELARDE 9900 S MASON RD APT 1117

RICHMOND, TX 77406-6105

(281)902-6156

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

Make Checks Payable To:

Date o	of Last	t Pay	ment: 1/1 (0/2025	Amo	ount of L	ast Pay	ment: 0.00				
Patient	:			Rendering	Physician:		Cha	art Number:	Р	lace of Service:	Date of	Birth
TAYLOR	R. '	VEL	ARDE	SHARIQ	J. RAUE	MD	VELTA000		Houston		02/06/1991	
							Paid By	Applied to	Paid by			
Dates	Proced	dure	Desciption		Modifier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
12/08/24	99222	2	INIT HOSP-DAY	E&M MOD SEVE	ER 50	394.00		-139.32	0.00		-254.68	139.32

Amount Due

139.32