Statement Date	Chart Number	Page		
03/04/2025	WILWA002	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:
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P.O. Box 590104

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Date	of Last Pay	/ment: 2/13/2025	Amo	ount of L	ast Pay	ment: -62.9)7		
Patien WANDA		Rendering P	•			art Number: ILWA002	Place of Service: BAYSHORE	Date o 07/14/	
					Paid By	Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient	Deductible	MEDICARE	Adjustments	Remainder
11/04/24	99223	INIT HOSP-DAY E&M HI SEVRITY	⁷⁰ GW	521.00			-138.31	-347.41	35.28
11/05/24	99232	SUBSQT HSP-DAY E&M MINR	GW	237.00			-62.97	-157.96	16.07
11/06/24	99232	SUBSQT HSP-DAY E&M MINR	GW	237.00			-62.97	-157.96	16.07
11/08/24	99232	SUBSQT HSP-DAY E&M MINR	GW	237.00			-62.97	-157.96	16.07
11/10/24	99232	SUBSQT HSP-DAY E&M MINR	GW	237.00			-62.97	-157.96	16.07

Amount Due

99.56