Statement Date	Chart Number	Page		
03/04/2025	NHAFR000	1		

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

FRANCIS A. NHATI 31406 BEACON COVE TRL FULSHEAR, TX 77441-2467

(281)682-6627

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P.O. Box 590104						
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Phone: 281-942-8005						

Make Checks Payable To:

Date (of Last Pa	yment: 1/2:	3/2025	Amo	ount of L	ast Pay	ment: -165. 3	31			
Patient	:		Rendering	Physician:		Cha	art Number:	Р	lace of Service:	Date of	Birth
FRANCIS A. NH		ITA	SHARIQ	J. RAUE	' MD	NHAFR000		Н	louston	01/10/2003	
						Paid By	Applied to	Paid by			
Dates	Procedure	Desciption		Modifier	Charge	Patient	Deductible	UNITED		Adjustments	Remainder
07/10/24	99223	INIT HOSP-DAY	Y E&M HI SEVRIT	Y 70	521.00			-165.31		-314.36	41.33

Amount Due 41.33