



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

**G-325A, Biographic Information (for Deferred Action)
EAD Request**

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Samara Fernanda	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA BUENO	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		Authorized Payment Amount \$ 520 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			



USCIS
Attn: Deferred Action
10 Application Way
Montclair, CA 91763-1350

Re: Request for Deferred Action Based on Spouse of Active Duty U.S. Armed Forces Member and Medical/Humanitarian Grounds.

Requestor: Samara Fernanda da Silva Bueno

A-Number: 245-961-671

Request Basis:

- (1) Spouse of Active Duty U.S. Armed Forces Member
- (2) Medical/Humanitarian Grounds

To Whom It May Concern:

I represent Ms. Samara Fernanda da Silva Bueno, who respectfully requests deferred action based on her marriage to an active duty U.S. Armed Forces service member, and compelling medical and humanitarian circumstances arising from a life-threatening illness and the need for ongoing treatment and spousal support in the United States. Throughout this request, Ms. Bueno understands that deferred action is a discretionary form of prosecutorial discretion. She respectfully asks that discretion be favorably exercised in her case in light of the significant humanitarian factors and her marriage to an active duty service member.

I. Basis 1 - Spouse of Active Duty U.S. Armed Forces Member

Ms. Samara Fernanda da Silva Bueno married Mauricio Lopez, a U.S. citizen and active duty member of the U.S. Armed Forces, on July 9, 2024. They remain married and reside together in a bona fide marital relationship, sharing daily life, responsibilities, and plans for their future. Their marriage is genuine, and they have built their lives around one another's emotional, financial, and practical support. *See Exhibits 5-7.*

As an active-duty service member, Mr. Lopez carries significant national security responsibilities. During Ms. Bueno's critical medical crisis, the U.S. Army released him from duties so he could assist in her survival and recovery. *See Exhibit 8.* Without family support in the area, Ms. Bueno relied heavily on her husband for day-to-day assistance and emotional stability. Her removal would severely disrupt this military household and inflict profound hardship on Mr. Lopez, impairing his focus and operational readiness. Granting deferred action supports military family unity and preserves the service member's stability.

II. Basis 2 - Medical and Humanitarian Grounds



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+1 415 425 2508



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ZIP CODE 92169

In June 2025, Ms. Bueno experienced severe abdominal pain caused by a ruptured cyst, which led to a severe infection that spread to other organs. Her condition was critical, requiring multiple surgical procedures, intubations, and 29 days of hospitalization. Upon regaining consciousness, she experienced severe disorientation and found herself surrounded by needles, tubes, and medical restraints intended to prevent her from unintentionally harming herself or interfering with her treatment. *See Exhibits 4, 8.* The experience was profoundly traumatic both physically and emotionally. She continues to live with the memory of those days in intensive care and feels gratitude simply for being alive. *See Exhibit 4; See also Exhibit 8.*

After her hospital discharge, her recovery continued. Throughout this period, her husband's presence was constant. He cared for her, supported her emotionally, and helped her cope with confusion, fear, and physical limitations. His daily involvement and patience were essential to her survival and to her ability to endure the trauma of what she had experienced. She continues to be affected by the consequences of this illness. She will need to begin new treatments, and the uncertainty surrounding her health affects her plans to build a family, as well as her emotional and psychological security.

Ms. Bueno faces ongoing medical vulnerability and needs continued access to care, monitoring, and treatment within the United States. Her husband remains her primary source of support in navigating this process. If she were required to leave the country, her medical treatment would be interrupted or severely disrupted, which could place her health and even her life at risk. Moreover, separation from her husband during such a fragile stage would compound her emotional and psychological distress. This would also cause significant hardship to Mr. Lopez, who would be torn between his military duties and his need to ensure his wife's safety and well-being.

These circumstances present compelling medical and humanitarian factors. Ms. Bueno is a young woman who narrowly survived a life-threatening condition, continues to face health challenges, and depends heavily on her husband's presence and the medical care available to her in the United States.

III. Background - Removal Proceedings and Pending Immigration Court

Ms. Samara Fernanda da Silva Bueno lawfully entered the United States in July 2019 on a J-1 visa to participate in an au pair program. She has remained in the United States since that lawful entry. Although she later left the au pair program, she has not departed the country at any time since 2019. During the period leading up to the initiation of removal proceedings, she had established her life in the United States, as reflected in her residence and activities here.



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While traveling to Texas to visit the state where her husband was born, Ms. Bueno was stopped at a checkpoint and placed in removal proceedings. *See* Exhibit 10. The original Notice to Appear (“NTA”) contained significant factual errors, incorrectly alleging that she had entered the United States without inspection on that date. Consequently, Ms. Bueno challenged these inaccuracies in Immigration Court.

The Department of Homeland Security subsequently issued Form I-261, *Additional Charges of Inadmissibility/Deportability*, to amend and correct the allegations in the NTA. This amended charging document withdrew the original incorrect allegations and acknowledged Ms. Bueno’s lawful admission to the United States as a J-1 nonimmigrant. The amended charge now properly reflects that she is removable under section 237(a)(1)(B) of the Immigration and Nationality Act for remaining in the country beyond her authorized stay, rather than the initial false allegation of entry without inspection. *See* Exhibit 10.

Ms. Bueno remains in removal proceedings and has a Master Calendar Hearing scheduled for September 1, 2026. However, the record now correctly reflects her lawful entry. A Form I-130 petition based on her bona fide marriage to a U.S. citizen is pending with USCIS (Receipt Number IOE0937864142). *See* Exhibit 11.

Ms. Bueno is married to an active-duty member of the U.S. Armed Forces and is recovering from a critical medical condition that requires ongoing care and spousal support. While the recent issuance of Form I-261 has corrected the previous errors regarding her manner of entry, she remains in removal proceedings. Exposure to removal without protection would cause disproportionate harm in light of her strong humanitarian equities, her marriage to a U.S. citizen service member, and her serious health needs. She poses no threat to public safety and has demonstrated a steadfast commitment to her life and family in the United States.

In Conclusion, Ms. Bueno presents compelling humanitarian equities, has no criminal record, and poses no threat to public safety. Allowing her to remain under deferred action will maintain the stability and readiness of an active-duty military member and ensure necessary medical continuity while her family-based immigration process proceeds. Accordingly, we respectfully requests that deferred action be favorably granted.

Please, find enclosed:

- Form G-1450, Authorization for Credit Card Transactions;
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form G-325A, Biographic Information (for Deferred Action);

Samara Fernanda da Silva Bueno's Identification Documents:

- Samara Fernanda da Silva Bueno’s Birth Certificate with English Translation;
- Samara Fernanda da Silva Bueno’s Valid Passport;



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- Samara Fernanda da Silva Bueno's Previous Passport;
- Samara Fernanda da Silva Bueno's Copy of I-94;

Mauricio Lopez's Identification Documents

- Mauricio Lopez's Valid Passport;
- Mauricio Lopez's Birth Certificate;
- Mauricio Lopez's Texas Identification Card;

Samara Fernanda da Silva Bueno and Mauricio Lopez's Marriage Certificate;**Samara Fernanda da Silva Bueno's Personal Declaration with English Translation;****Mauricio Lopez's Personal Declaration;****Evidence of Evidence of U.S. Armed Forces Membership and Bona Fide Marriage:**

- Mauricio Lopez's Military ID;
- Application for Military Identification Card for Samara Fernanda da Silva Bueno;
- Samara Fernanda da Silva Bueno's Identification and Privilege Card as the Spouse of an Active Duty Member of the Armed Forces;
- Mauricio Lopez's Emergency Contacts;
- Samara Fernanda da Silva Bueno's Tricare Prime Enrollment as Beneficiary;

Evidence of Bona Fide Marriage: Documentation of Shared Life:

- Joint Home Purchase - Texas Disclosure - 2026;
- Joint Energy Bill - 2025;
- Real Estate Lease - 2024;
- Amazon Joint Account;
- Joint Bank Account;
- Photographic Evidences;

Evidence of Bona Fide Marriage: Affidavits of Support

- Letter of Support Delivered by Beatriz;
- Letter of Support Delivered by Cristiano;
- Letter of Support Delivered by Luiz;

Evidence of Medical Condition and Humanitarian Factors

- Letter of Support Delivered by Dr. Eric Tabas - June, 2026;
- Letter of Support Delivered by Dr. Eric Tabas - March, 2026;
- Red Cross Emergency Message;
- Mauricio Lopez's Request for Emergency Leave;
- Hospital Bill;



Evidence Related to Removal Proceedings

- Samara Fernanda da Silva Bueno's Notice to Appear;
- Form I-261 - Additional Charges of Inadmissibility/Deportability (Amended NTA Charges);

Evidence of Pending Form I-130, Petition for Alien Relative (Receipt Notice)

- Copy of Form I-797C, Notice of Action (Receipt Notice of Form I-130)

Sincerely,



08/26/2026

Otavio Haverroth Silva (SBN: 343486)

Attorney at Law

510-241-9336



+1 510 714 0100



+1 415 425 2508



PO BOX 90487/
ZIP CODE 92169



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

**DHS
Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
G-325A
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ N / A
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☐ Petitioner ☒ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) DA SILVA BUENO
- 6.b. Given Name (First Name) Samara Fernanda
- 6.c. Middle Name N/A
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ N / A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- 2 4 5 9 6 1 6 7 1

Client's Contact Information

10. Daytime Telephone Number
+1 925 285 3243
11. Mobile Telephone Number (if any)
+1 925 285 3243
12. Email Address (if any)
samarafernandabueno@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name PO Box 90487
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
- 13.c. City or Town San Diego
- 13.d. State CA 13.e. ZIP Code 92169
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country
USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

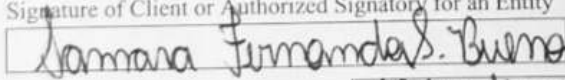
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ 

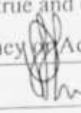
2.b. Date of Signature (mm/dd/yyyy)

08/25/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



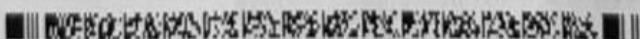
1.b. Date of Signature (mm/dd/yyyy)

08/25/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

N/A



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number
2.b. Part Number
2.c. Item Number

2.d.

3.a. Page Number
3.b. Part Number
3.c. Item Number

3.d.

4.a. Page Number
4.b. Part Number
4.c. Item Number

4.d.

5.a. Page Number
5.b. Part Number
5.c. Item Number

5.d.

6.a. Page Number
6.b. Part Number
6.c. Item Number

6.d.





G-325A, Biographic Information (for Deferred Action)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-325A
OMB No. 1615-0008
Expires 10/31/2027

Part 1. Information About You

1. Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

DA SILVA BUENO

Given Name (First Name)

Samara Fernanda

Middle Name (if applicable)

N/A

2. Current Physical Address ([USPS ZIP Code Lookup](#))

Street Number and Name

3102 Baldwin Loop

Apt. Ste. Flr. Number

☒

☐

☐

B

City or Town

Killeen

State

TX

ZIP Code

76549

Date From (mm/dd/yyyy)

02/28/2026

Date To

Present

3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any)

Otavio Silva

Street Number and Name

P.O Box 90487

Apt. Ste. Flr. Number

☐

☐

☐

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

4. Date of Birth (mm/dd/yyyy)

09/27/1992

5. Sex

☐ Male

☒ Female

6. USCIS Online Account Number (if any)

▶ N/A

7. Alien Registration Number (A-Number) (if any)

▶ A- 2 4 5 9 6 1 6 7 1

8. All Other Names Used (include names by previous marriages)

NOTE: Provide all other names you have ever used, including family name at birth, other legal names, nicknames, aliases, and assumed names. If extra space is needed to complete this section, use the space provided in **Part 8. Additional Information**.

Family Name (Last Name)

N/A

N/A

N/A

Given Name (First Name)

N/A

N/A

N/A

Middle Name

N/A

N/A

N/A

9. City or Town of Birth

Dois Córregos

10. Country of Birth

Brazil

11. Country of Citizenship or Nationality

Brazil



Part 1. Information About You (continued)***Your Prior Residences***

12. Please list your previous addresses for the last five years excluding your current physical address.

Street Name and Number	City	Province or State	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)
1175 Vicki Ln	North Pole	Alaska	99705	USA	10/01/2024	01/29/2026
30 Otis Street, Apt 2605	San Francisco	California	94103	USA	10/01/2023	10/01/2024
365 Laurie Meadows Drive	San Mateo	California	94403	USA	07/01/2022	09/30/2023
363 Winding Way	San Francisco	California	94112	USA	10/01/2021	07/01/2023

Your Most Recent Entry into the United States

Please provide the following information regarding your most recent entry into the United States.

13.a. Date You Entered the United States, On or About (mm/dd/yyyy)

07/01/2019

13.b. Location at Which You Last Entered the United States

New York

13.c. Immigration Status at the Time of Entry into the United States (for example, H-2 temporary worker, H-1B temporary worker, no status)

J1

13.d. Date Status Expires/Expired (mm/dd/yyyy)

D/S

If you were issued a Form I-94 Arrival-Departure Record Number:

14.a. Form I-94 Arrival-Departure Record Number

087189026A2

14.b. Expiration Date of Authorized Stay Shown on Form I-94
(mm/dd/yyyy)

D/S

Information About Your Mother

15. Family Name (Last Name)

RIBEIRO DA SILVA CURCE

Given Name (First Name)

Raquel

16. Date of Birth (mm/dd/yyyy)

07/24/1965

17. City or Town of Birth (if known)

Cornélio Procópio

18. Country of Birth (if known)

Brazil

19. Current City or Town of Residence (if living)

Mineiros do Tietê

20. Current Country of Residence (if living)

Brazil

Information About Your Father

21. Family Name (Last Name)

BUENO

Given Name (First Name)

José Luiz

22. Date of Birth (mm/dd/yyyy)

04/27/1956

23. City or Town of Birth (if known)

Mineiros do Tietê

24. Country of Birth (if known)

Brazil

25. Current City or Town of Residence (if living)

Mineiros do Tietê

26. Current Country of Residence (if living)

Brazil

***Information About Your Current Husband or Wife* (If none, type or print "none")**

27. Family Name (Last Name)

LOPEZ

Given Name (First Name)

Mauricio

28. Date of Birth (mm/dd/yyyy)

11/08/2003



Part 1. Information About You (continued)

Place of Birth

29.a. City or Town

Bexar County

29.b. Country

USA

Place of Marriage

30.a. City or Town

San Jose

30.b. State or Province

California

30.c. Country

USA

31. Date of Marriage

07/09/2024

Part 2. Deferred Action Request

1. Please select the request type:

☒ Initial Request

☐ Subsequent Request

2. Please select the filing type for your deferred action request:

A. ☐ Labor Investigation-Based (LIB DA)

B. ☐ Special Immigrant Juvenile (SIJ DA)

C. ☒ Spouse, Widow(er), Parent, Son, or Daughter of Active Duty Service Member of U.S. Armed Forces or Individual in the Selected Reserve of the Ready Reserve (MIL DA)

D. ☐ Spouse, Widow(er), Parent, Son, or Daughter of Individual (Whether Living or Deceased) who Previously Served on Active Duty or in the Selected Reserve of the Ready Reserve (and was not Dishonorably Discharged) (MIL DA)

E. ☒ Medical or Humanitarian

F. ☐ Statelessness

G. ☐ Government Referral (Other than a Labor Agency)

H. ☐ Other (Please review the form instructions before completing this field)

3. **Supporting Statement**

In addition to submitting evidence required to support your request for deferred action, please provide a brief statement as to why your request for deferred action should be considered and why you warrant deferred action as a matter of discretion. If extra space is needed to complete this section, use the space provided in **Part 8. Additional Information**.

I respectfully request Deferred Action as the spouse of an Active Duty Service Member. My removal would cause severe hardship to my husband due to his military duties and our need for family stability. I also recently faced serious medical complications, including hospitalization and a coma. I am still recovering from the trauma and the ongoing medical effects. Given these humanitarian factors and my good moral character, I respectfully request favorable discretion. See Additional Info.

Part 3. Employment Authorization

1. I am requesting an Employment Authorization Document (EAD) upon being granted deferred action:

☒ Yes

☐ No



Part 3. Employment Authorization (continued)

If "Yes," please provide the following information regarding your economic necessity for employment (this information is not required if you are requesting the SIJ DA filing type):

2.a. My current annual income is: 2.b. My current annual expenses are: 2.c. The total current value of my assets is:

2.d. If you would like to provide an explanation regarding your current financial information or your economic need for employment authorization, please use this space below. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

The household relies solely on Requestor's husband's income, which is approximately \$90,000 annually. She does not work and their family depends on a single source of income. Employment authorization is necessary so she can contribute financially and help reduce the economic burden currently placed on her husband.

Part 4. Social Security Card

If you select "Yes" on **Part 3. Employment Authorization, Item Number 1.**, please complete the following questions to receive a Social Security card through this process. If the below questions and questions in **Part 1.** are not completed, you will not receive a Social Security card through this process.

1. Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card?

- ☒ Yes (Complete Item Numbers 2. - 3.)
☐ No (Go to Part 5.)

2. Provide your Social Security Number (SSN) (if any).

▶

3. **Consent for Disclosure:** I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN and issuing me an original or replacement Social Security card. ☒ Yes ☐ No

NOTE: If you answered "Yes" to Item Number 1., you must also answer "Yes" to Item Number 3., Consent for Disclosure, to receive a card.

Part 5. Requestor's Contact Information, Certification, and Signature

Requestor's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Requestor's Daytime Telephone Number

2. Requestor's Mobile Telephone Number (if any)

3. Requestor's Email Address (if any)

Requestor's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my request, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my request, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Requestor's Signature

Date of Signature (mm/dd/yyyy)



Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

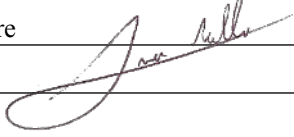
- Interpreter's Family Name (Last Name)
INACIO PENNA MELLO
- Interpreter's Given Name (First Name)
Andre Vinicius
- Interpreter's Business or Organization Name (if any)
N/A

Interpreter's Contact Information

- Interpreter's Daytime Telephone Number
+1 (856) 425-2508
- Interpreter's Mobile Telephone Number (if any)
+1 (856) 425-2508
- Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the request and Instructions and interpreted the requestor's answers to the questions in that language, and the requestor informed me that he or she understood every instruction, question, and answer on the request.

- Interpreter's Signature

- Date of Signature (mm/dd/yyyy)
08/25/2026

Part 7. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other Than the Requestor

Preparer's Full Name

- Preparer's Family Name (Last Name)
HAVERROTH SILVA
- Preparer's Given Name (First Name)
Otavio
- Preparer's Business or Organization Name
HS LAW

Preparer's Contact Information

- Preparer's Daytime Telephone Number
+1 (510) 241-9336
- Preparer's Mobile Telephone Number (if any)
+1 (510) 241-9336
- Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this request for the requestor at his or her request and with express consent and that all of the responses and information contained in and submitted with the request are complete, true, and correct and reflects only information provided by the requestor. The requestor reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the request.

- Preparer's Signature

- Date of Signature (mm/dd/yyyy)
08/25/2026



Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name
DA SILVA BUENO Samara Fernanda N/A

2. A-Number (if any) ► A- 2 4 5 9 6 1 6 7 1

3. Page Number Part Number Item Number
2 1 12

Prior Residences (continued)

1674 Hollenbeck Ave - Apt 18, Sunnyvale, CA 94087 (From 02/01/2021 - 09/30/2021)

4. Page Number Part Number Item Number
2 1 13.D

The applicant was admitted to the United States under Duration of Status (D/S), as reflected on her Form I-94. She later discontinued participation in the exchange program in or around July 2020; however, no specific expiration date was issued on her I-94.

5. Page Number Part Number Item Number
3 2 3

Her husband, Mr. Mauricio Lopez, is a U.S. citizen actively serving in the U.S. Army. Her presence is vital to his operational readiness and military stability. In June 2025, Ms. Bueno survived a severe medical emergency requiring 29 days of ICU hospitalization and multiple surgeries. She requires ongoing medical treatment and support in the U.S., and separation would put her health at serious risk. Having entered lawfully on a J-1 Visa,

6. Page Number Part Number Item Number
3 2 3

she has a pending I-130 petition, no criminal record, and poses no safety threat. Please see the attached Cover Letter and Exhibits for complete details.



Exhibit list

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Alien Relative (Receipt Notice)**

Copy of Form I-797C, Notice of Action (Receipt 215-216
Notice of Form I-130)

**Exhibit 1 - Samara
Fernanda da Silva
Bueno's Identification
Documents**

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

45003023734



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

190 / TYPE	PAÍS EMISSOR / ISSUING COUNTRY
PP	BRA

PASSAPORTE N° / PASSPORT No.
YE783854

SOBRENOME / SURNAME
DA SILVA BUENO

NOME / GIVEN NAMES
SAMARA FERNANDA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
27 SET/SEP 1992

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX NATURALIDADE / PLACE OF BIRTH
F DOIS CÓRREGOS, SP, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
19 JUL/JUL 2024

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
18 JUL/JUL 2028



PPBRADA<SILVA<BUENO<<SAMARA<FERNANDA<<<<<<<<
YE783854<7BRA9209275F2807188<<<<<<<<<<<<<02

YE783854

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consulte / Consult / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br



BRA

CASA DA MOEDA DO BRASIL



BRA



779295MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

PAGOU

R\$-Ouro 120.00

US\$ 120.00

TEC 1.01.01.000.005

YE783854

19 JUL/JUL 2024

VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

15 3 3 5

VISTOS 7 VISAS

15 3 3 5

VISTOS 6 VISAS



VISTOS 8 VISAS



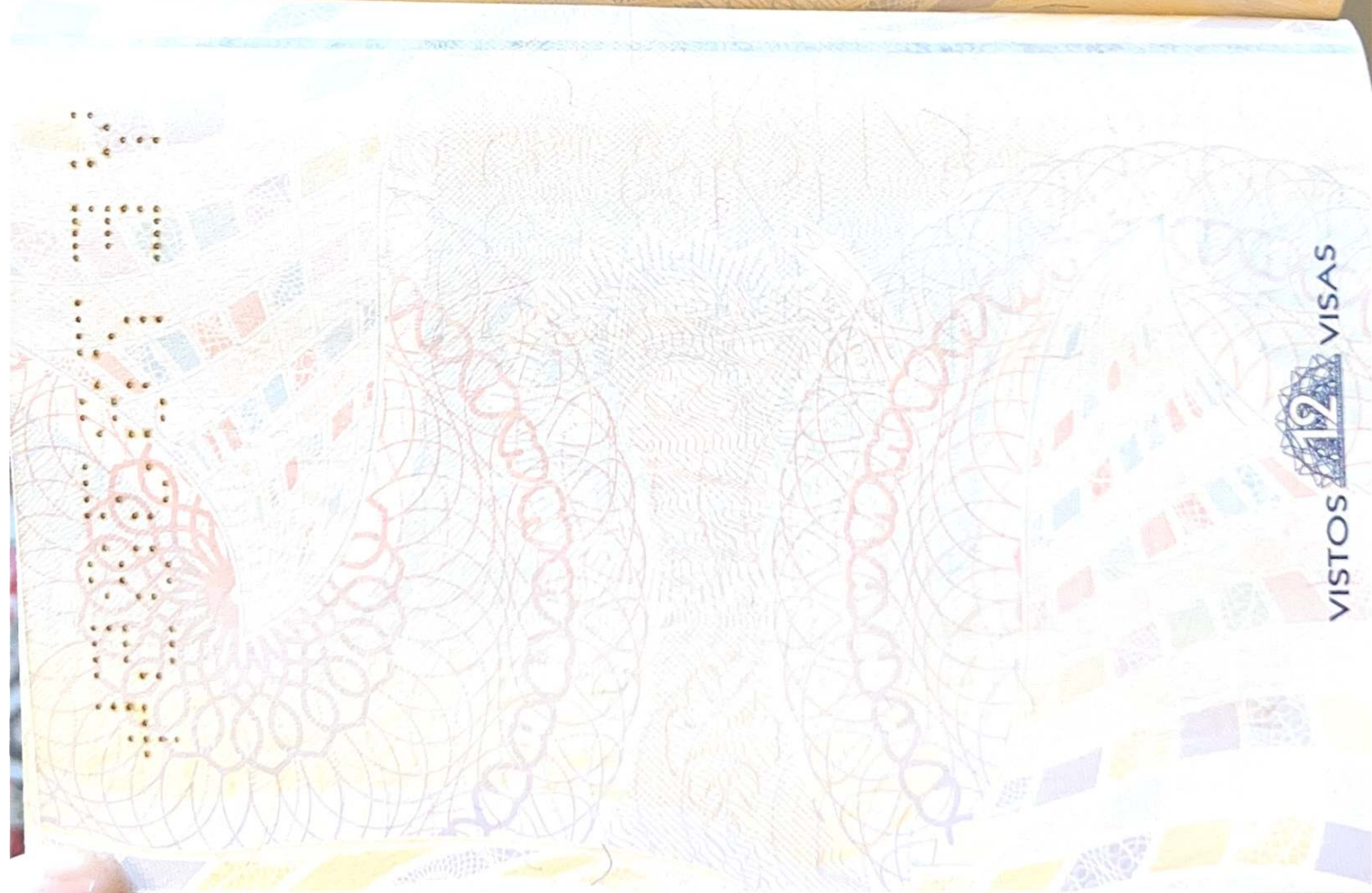
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Y 303051

VISTOS 11 VISAS

Y 303051

VISTOS 10 VISAS



VISTOS 12 VISAS



VISTOS 13 VISAS

13334

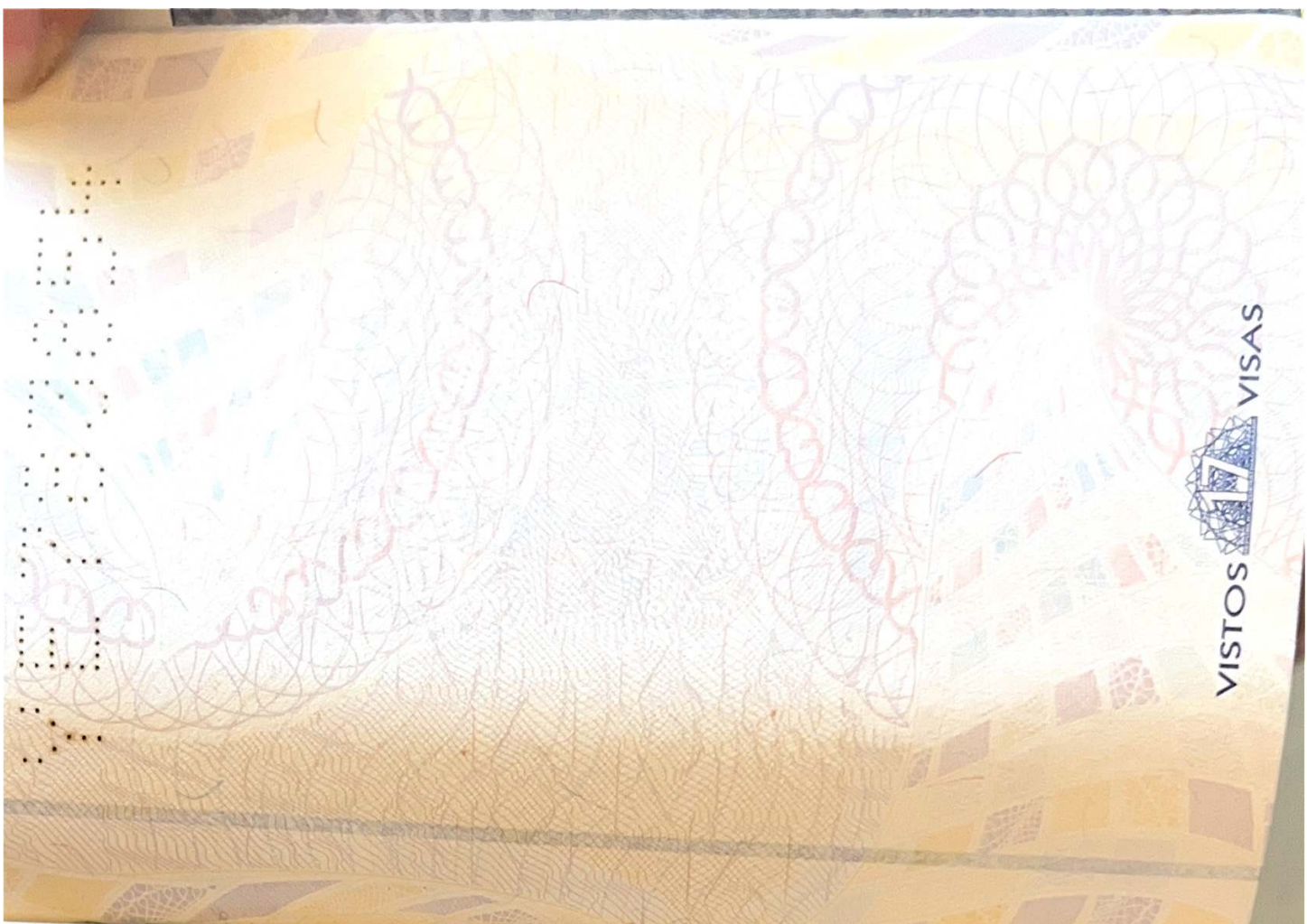
VISTOS 15 VISAS

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VISTOS 14 VISAS



VISTOS **16** VISAS



VISTOS **17** VISAS



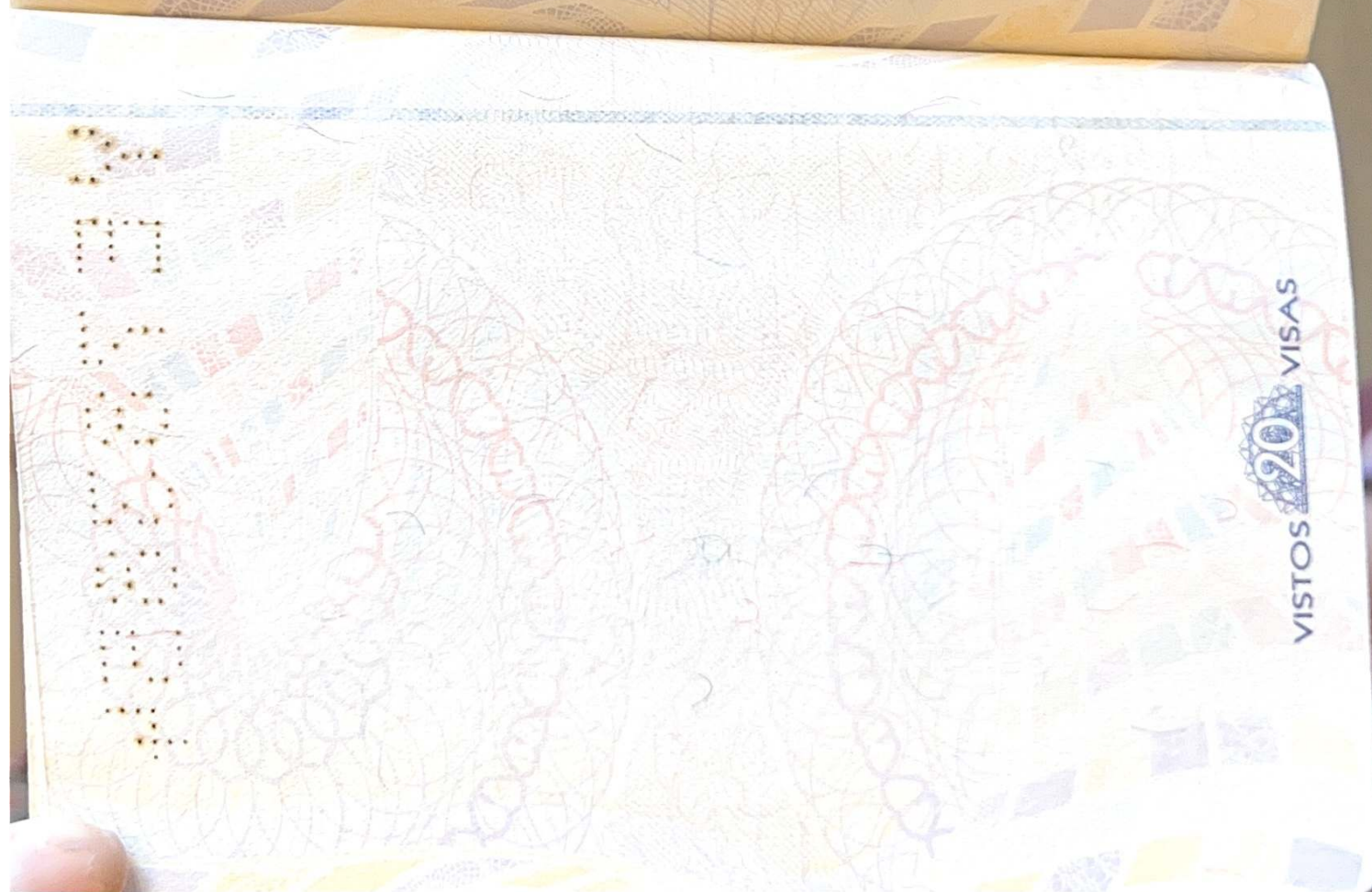
VISTOS 18 VISAS



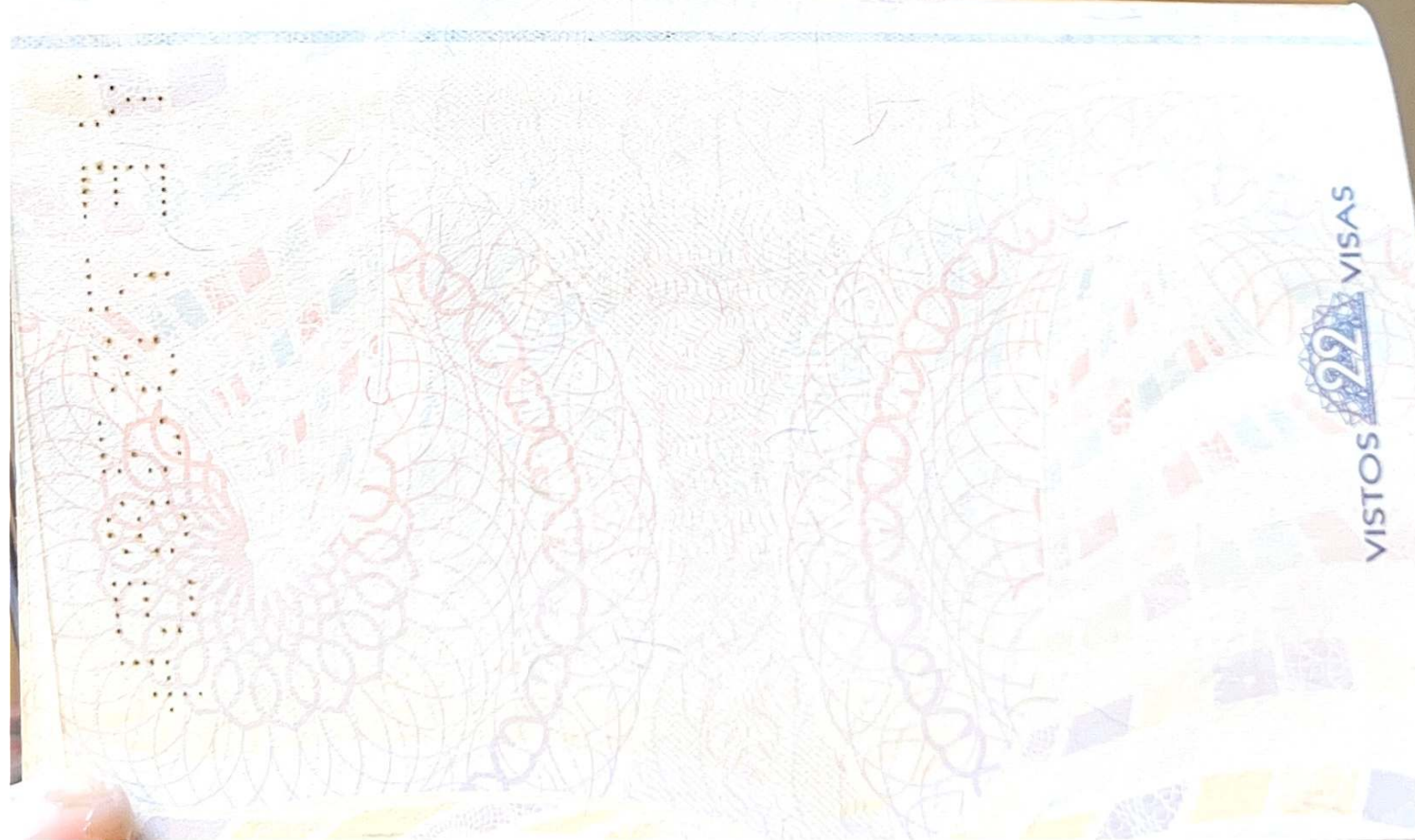
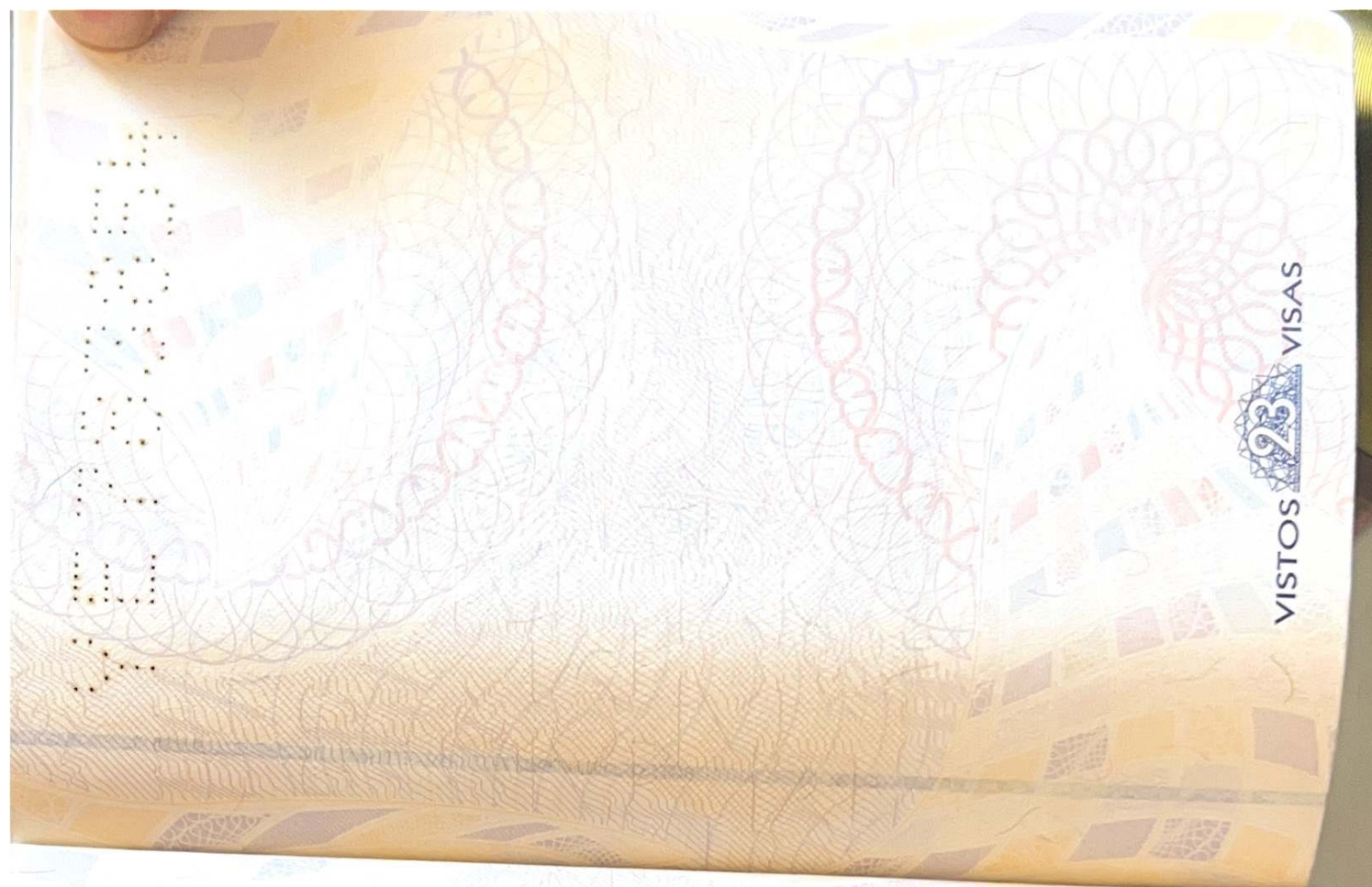
VISTOS 19 VISAS



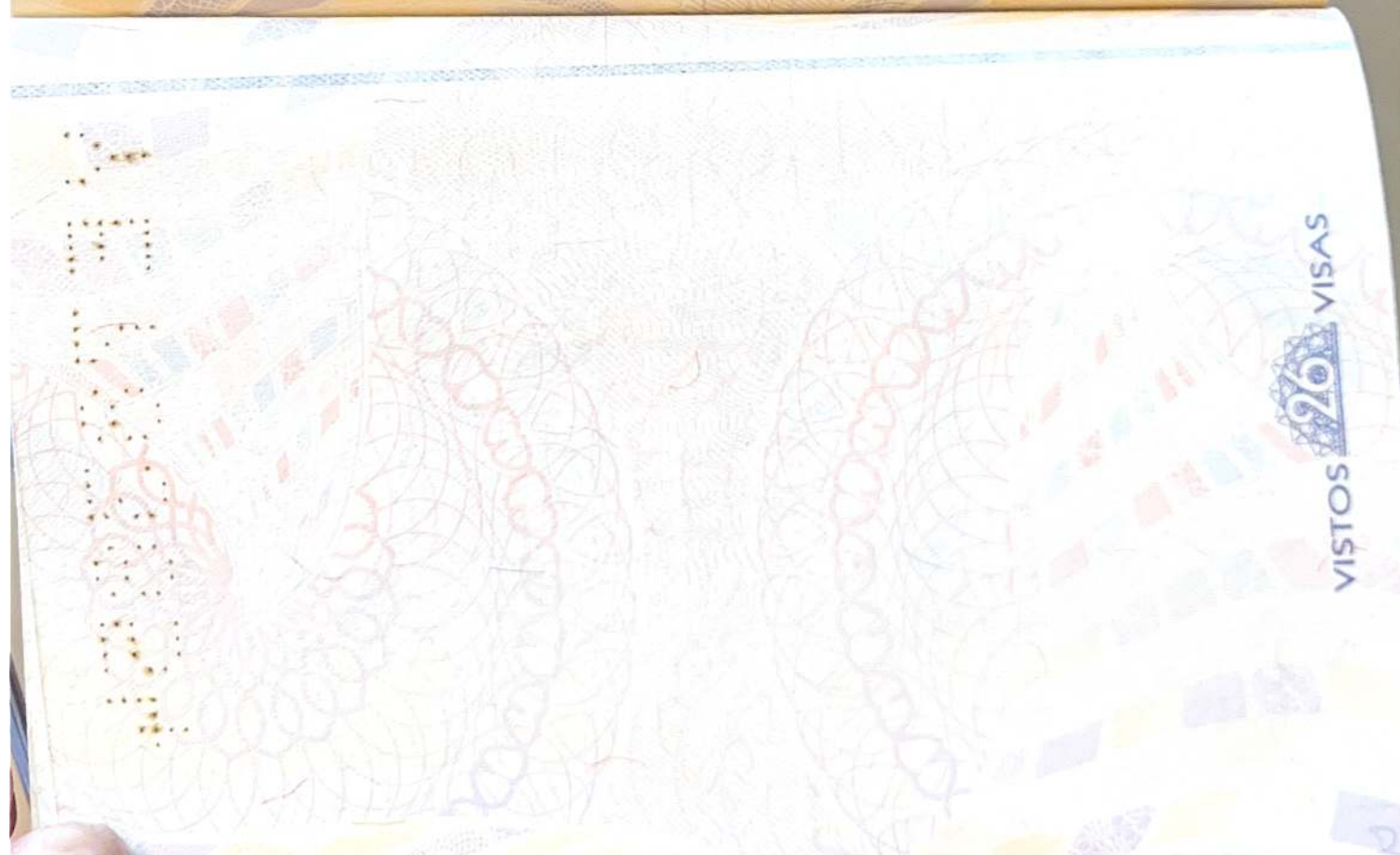
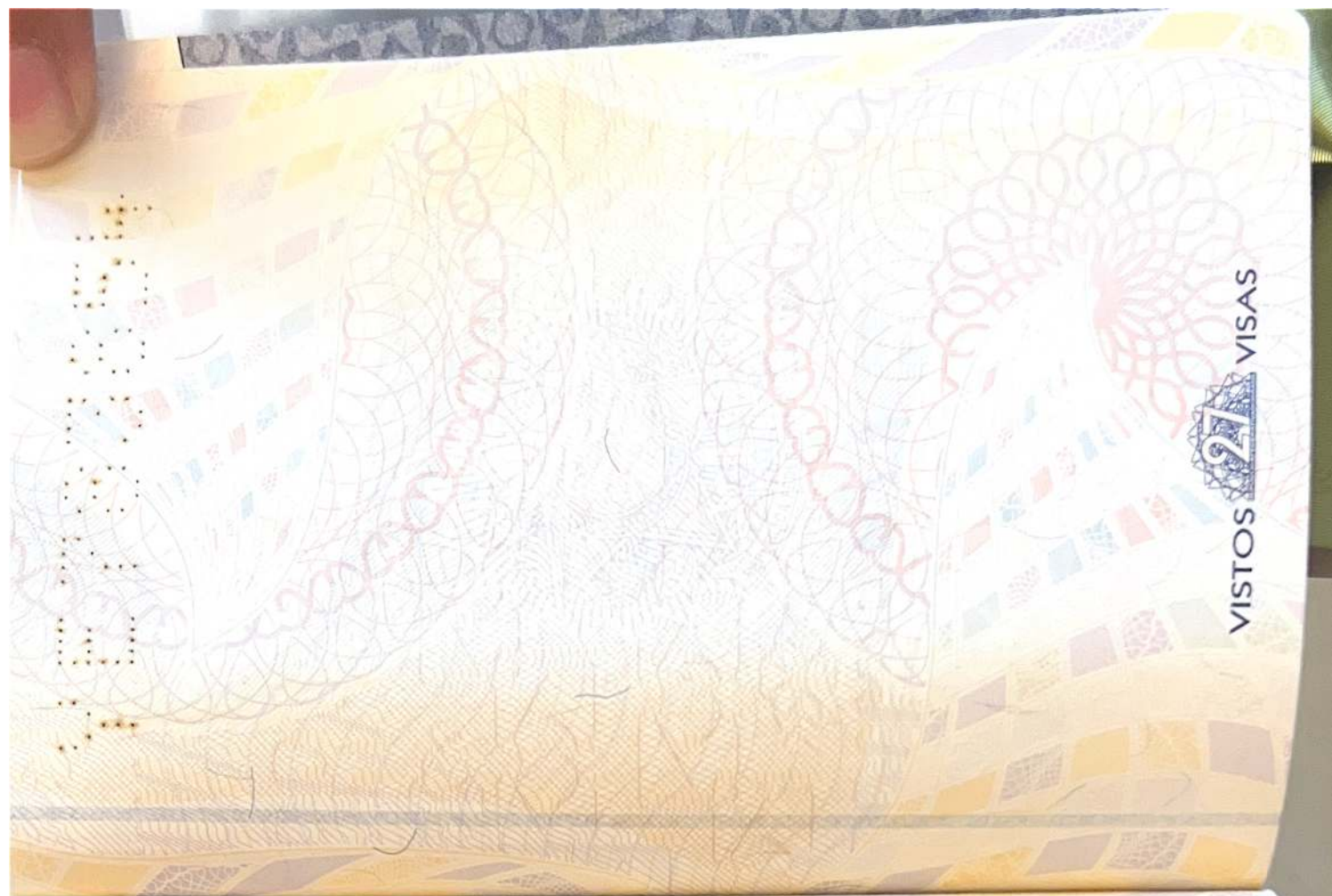
VISTOS **21** VISAS

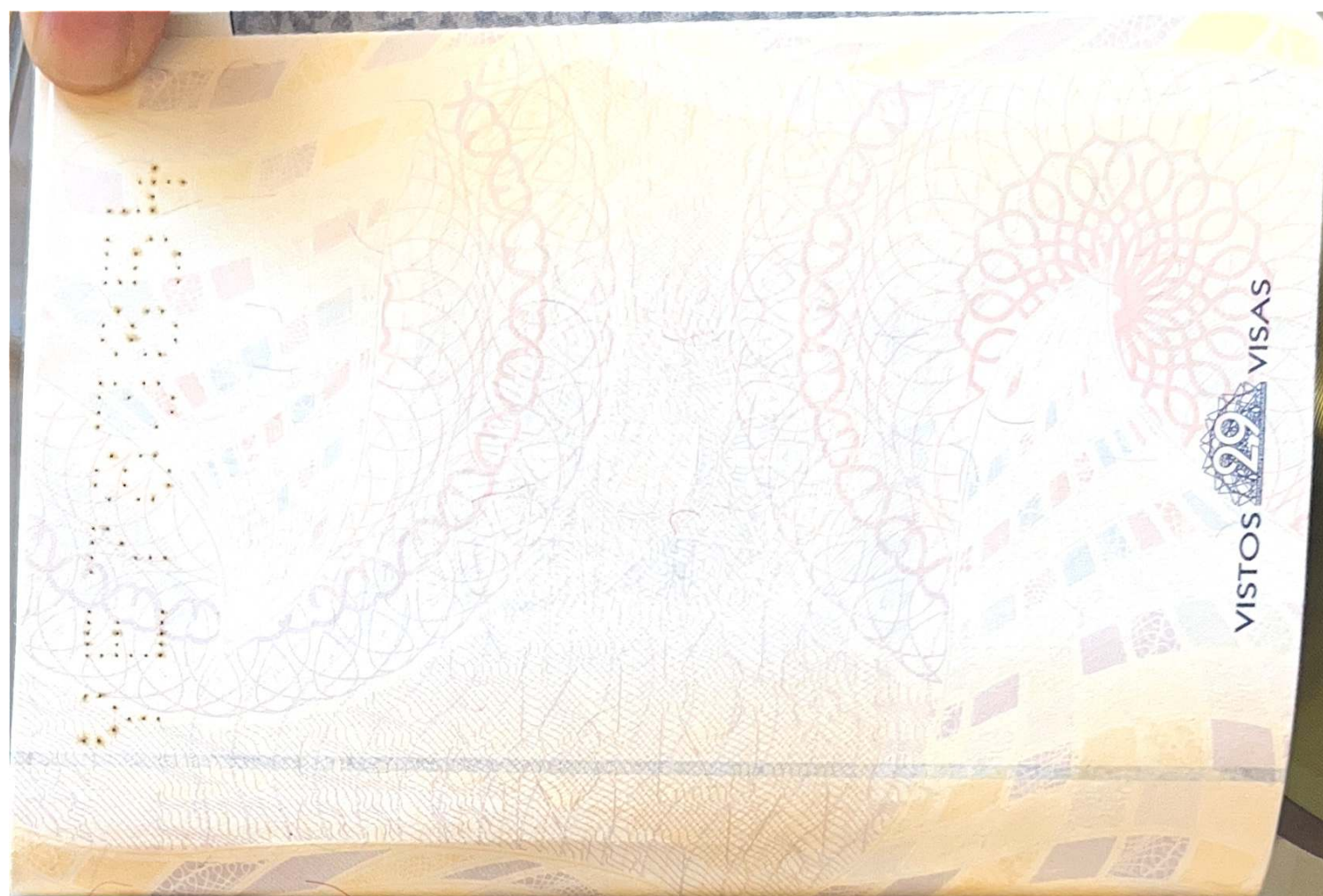


VISTOS **20** VISAS









VISTOS 29 VISAS



VISTOS 28 VISAS



VISTOS 31 VISAS



VISTOS 30 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.
ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name:	_____
Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



Símbolo Internacional do
Passaporte Eletrônico



CASA DA MOEDA DO BRASIL



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Check the Authenticity of the Digital Seal at
<https://solodigital.tjsp.jus.br/>



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS



Birth Certificate
FULL CONTENT

Name:

SAMARA FERNANDA DA SILVA BUENO

Registration:

118604 01 55 1992 1 00017 284 0001487 78

HEREBY CERTIFIES and attests, at the verbal request of an interested party, that upon reviewing the Birth Register Book in this Registry Office - **Book A-17, page 284, entry no. 1487**, the following record appears, which is fully transcribed below: On the twenty-ninth (29th) day of October, nineteen ninety-two (1992), in this district and city of Mineiros do Tietê, in the Judicial District of Jaú, State of São Paulo, before this Registry Office, appeared **RAQUEL RIBEIRO DA SILVA CURCE**, Brazilian, married, homemaker, 27 years of age, born in Cornélio Procopio, State of Paraná, holder of Identity Card ID/SSP-SP No. 23,358,105-4 and CPF No. 131.071.628-50, who, in the presence of the witnesses named below and signing at the end, declared that on the twenty-seventh (27th) day of September, nineteen ninety-two (1992), at 12:00 p.m., at Santa Casa de Misericórdia Hospital of Dois Córregos, State of São Paulo, a female child, white, was born and was given the name **SAMARA FERNANDA DA SILVA**, daughter of the declarant. The declarant resides and is domiciled in this city, at Rua Maria Elídia Ferraz de Arruda, No. 985, Mineiros do Tietê. This is her third child. The paternal and maternal grandparents are **FRANCISCO RIBEIRO DA SILVA** and **ZULMIRA MARIA DA SILVA**. No further statements were made. I hereby certify. Having been read and found to be correct, it was signed by the declarant and the witnesses: Abrão Cesar Stroppa, Brazilian, single, ID/SSP-SP No. 5,811,750, CPF No. 708.680.938-15, and Ismael Levorato Marques, Brazilian, married, police clerk, ID/SSP-SP No. 7,539,960, CPF No. 195.010.808-20, all residents of this city of Mineiros do Tietê. I, Maria Consuelo Figueiredo, Civil Registrar, typed this record, subscribed it, signed it, and hereby certify. Signed by the parties. The following entries are made in the margin of the document: 1) On the twenty-eighth (28th) day of September, 1995, the present annotation is made to record that, by court decision rendered by the Honorable Judge of Law of the 1st Civil Court of the Judicial District of Jaú, Dr. José Roberto Freire da Silva, the registrant shall henceforth adopt the name **SAMARA FERNANDA DA SILVA BUENO**, and is the daughter of **JOSÉ LUIZ BUENO** and **RAQUEL RIBEIRO DA SILVA CURCE**, and that her paternal grandparents are **ALBERTO BUENO** and **APARECIDA DE JESUS ALBINO BUENO**. The decision became final on 04.25.1995, Case No. 1220/92. I, Maria Consuelo Figueiredo, Civil Registrar, typed, subscribed, signed, and hereby certify. Mineiros do Tietê, SEP 28, 1995. 2) Annotation made pursuant to Article 6, §2, of CNJ Provision No. 63/2017, to record that the registrant is enrolled in the CPF/MF under No. 419.025.038-48, according to a search conducted in the National Civil Registry (CRC Nacional). Exempt from fees and contributions. Mineiros do Tietê, May 11, 2018. I, Maria Consuelo Figueiredo, Civil Registrar typed, subscribed, and signed. **There being nothing further to certify.**

Name of the Office:
Civil Registry of Natural
Persons and Notary Public

The contents of this certificate are true. I hereby certify.
Mineiros do Tietê, July 17, 2024.

Civil Registrar:

Maria Consuelo Figueiredo

Civil Registrar and Notary Public
Maria Lucia Rochitti
Deputy Notary
MINEIROS DO TIETÊ - SP

Maria Lucia Rochitti, Deputy Clerk

118604 - AA000013230

118604 - AA000013230 01/24



I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: December 17, 2025



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<https://selodigital.tjsp.jus.br/>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS



Certidão de Nascimento
EM INTEIRO TEOR

Nome:

SAMARA FERNANDA DA SILVA BUENO

Matrícula:

118604 01 55 1992 1 00017 284 0001487 78

CERTIFICA e dá fé, em virtude de pedido verbal de pessoa interessada, que revendo em meu cartório o livro de **Nascimento - Livro A-17, fls. 284, sob nº 1487**, consta o termo integralmente aqui transcrito: Em vinte e nove (29) dias de outubro de mil novecentos e noventa e dois (1.992), neste distrito e município de Mineiros do Tietê, da comarca de Jaú-São Paulo, em cartório, compareceu **RAQUEL RIBEIRO DA SILVA CURCE**, brasileira, casada, do lar, com 27 anos de idade, natural de Cornélio Procópio- paraná, RG/SSP- SP 23.358.105-4 e CPF 131 0710 628-50 e, perante as testemunhas adiante nomeadas e no fim assinadas, declarou que, no dia vinte e sete (27) de setembro de mil novecentos e noventa e dois (1.992), às 12:00 horas, em hospital Santa Casa de Misericórdia de Dois Córregos- São Paulo, nasceu uma criança do sexo feminino, de cor branca que recebeu o nome de **SAMARA FERNANDA DA SILVA**, filha dela declarante. Sendo ela residente e domiciliada nesta cidade à Rua: Maria Elidia Ferraz de Arruda, 985, nesta cidade de Mineiros do Tietê. É o terceiro filho. Sendo avós paternos e maternos **FRANCISCO RIBEIRO DA SILVA** e **ZULMIRA MARIA DA SILVA**. Nada mais declarou; dou fé. Lido e achado conforme, assina com as testemunhas Abrão Cesar Stroppa, brasileiro, solteiro, RG/SSP-SP 5.811.750 e CPF 708 680 938-15 e Ismael Levorato Marques, brasileiro, casado, escrivão de polícia, RG/SSP-SP 7.539.960 e CPF 195 010 808-20, residentes e domiciliados nesta cidade de Mineiros do Tietê. Eu, Maria Consuelo Figueiredo, oficial a datilografei, subscrevi, assino e dou fé. Assinado pelas partes. A margem do termo consta as seguintes averbações: 1) Aos vinte e oito (28) de setembro de 1.995, procedo a presente averbação para ficar consignado que por sentença proferida pelo MM. Juiz de Direito da 1ª Vara da Comarca de Jaú, Dr. José Roberto Freire da Silva, que a registranda, que doravante passa a adotar o nome de **SAMARA FERNANDA DA SILVA BUENO**, é filha de **JOSE LUIZ BUENO** e **RAQUEL RIBEIRO DA SILVA CURCE**, sendo seus avós paternos **ALBERTO BUENO** e **APARECIDA DE JESUS ALBINO BUENO**. Transitado em julgado aos 25.04.1.995 e proc 1220/92. Eu, Maria Consuelo Figueiredo, oficial, datilografei, subscrevi, assino e dou fé. Mineiros do Tietê, 28 SET 1.995. (a) Maria Consuelo Figueiredo. 2) Averbação. Procedo a presente averbação nos termos do artigo 6º, §2º do Provimento nº 63/2017 do CNJ, a fim de ficar constando que a registrada encontra-se cadastrada no CPF/MF sob nº 419.025.038-48, conforme pesquisa realizada na CRC- nacional. Isento de custas e contribuições. Mineiros do Tietê, 11/05/2018. Eu (a) Maria Consuelo Figueiredo, oficiala, digitei, subscrevi e assino. **Nada mais me cumpria a certificar.**

Nome do Ofício
Oficial de Registro Civil das
Pessoas Naturais e Tabelação de
Notas

Oficial Registrador
Maria Consuelo Figueiredo
Oficial do Registro Civil das Pessoas
Naturais e Tabelação de Notas
Maria Lucia Rochitti
Substituta da Tabelação
MINEIROS DO TIETÊ - SP

O conteúdo da certidão é verdadeiro. Dou fé.
Mineiros do Tietê, 17 de julho de 2024.

Maria Lucia Rochitti, Substituta

118604 - AA000013230

118604 - AA000013230 01/24

P<BRADA<SILVA<BUENO<<SAMARA<FERNANDA<<<<<<<
FW840055<7BRA9209275F2808277<<<<<<<<<<<<<06

 For: **SAMARA DA SILVA BUENO**



U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 087189026A2

Arrival/Issued Date: 2019 July 01

Class of Admission: J1

Admit Until Date: D/S

Details provided on the I-94 Information form:

Last/Surname: DA SILVA BUENO

First (Given) Name: SAMARA

Birth Date: 1992 September 27

Document Number: FW840055

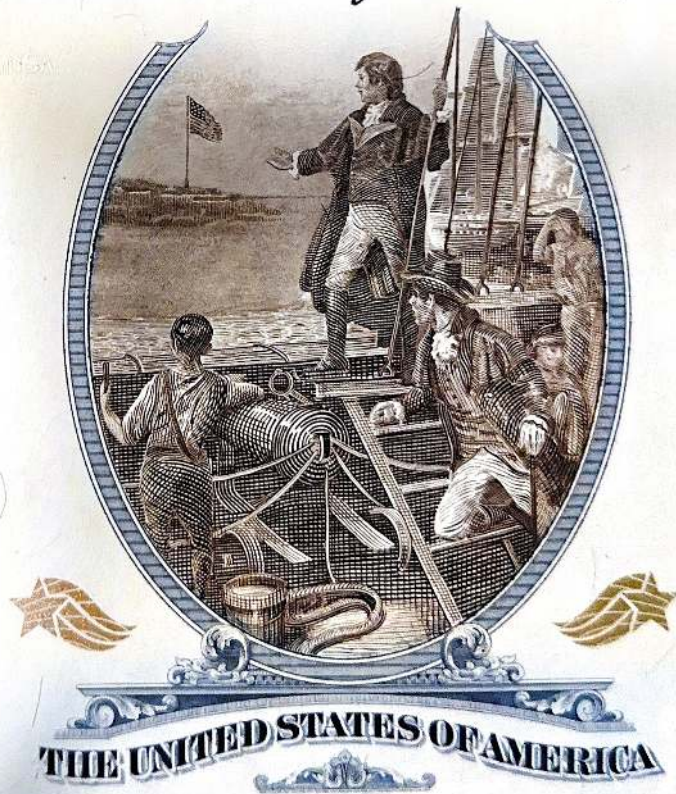
Country of Citizenship: Brazil

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.
 - ▶ Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 07/31/2026

Exhibit 2 - Mauricio Lopez's Identification Documents

O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave?



...AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

—ABRAHAM LINCOLN



*The Secretary of State of the United States of America
hereby requests all whom it may concern to permit the
citizen/national of the United States named herein to pass
without delay or hindrance and in case of need to give all
lawful aid and protection.*

*Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes
autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis
titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui
accorder toute aide et protection légitimes.*

*El Secretario de Estado de los Estados Unidos de América por el presente solicita
a las autoridades competentes permitir el paso del ciudadano o nacional de los
Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de
necesidad, prestarle toda la ayuda y protección lícitas.*

Y 00412318

SIGNATURE OF SEARCHER

LCA



Code/Code/Código
USA

Passport No./No. du Passeport/No. de Pasaporte
Y00412318

Given names/Prenoms/Nombres
MAURICIO

Nationality/Nationalité/Nationalität
UNITED STATES OF AMERICA

08 NOV 2003

[illegible]

M

Place of birth: any de novo mutation, again, de novo mutation

TEXAS, U.S.A.

Date of transcription: 2011-01-20

11 MAY 2024

Date of expiration: 31/12/2024

10 MAY 2029

Authority/Authority Authorized

UNITED STATES DEPARTMENT OF STATE

[illegible]

Y004123183USA0311085M2905109805093674<411404

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.

-THE BEARER IS ABROAD ON AN OFFICIAL ASSIGNMENT FOR THE UNITED STATES GOVERNMENT.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

0123456789

SECURITY INFORMATION



OPTICALLY VARIABLE DEVICE

The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE

An image of the document holder is printed over security artwork.



MICROTEXT

"United States of America" is printed in microtext behind the Bearer's image.



WATERMARK

The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER

The passport number is perforated throughout the passport.



COLOR-SHIFTING INK

"USA" shifts from gold to green when the document is tilted.



8151-1001

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW
USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.



BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRONICO DEL TITULAR:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST U.S. EMBASSY OR CONSULATE OR THE STATE
DEPARTMENT OPERATIONS CENTER AT 202-647-1512, AND THE EMERGENCY CONTACT YOU
NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE
PLUS PROCHE OU LE CENTRE DES OPERATIONS DU DEPARTEMENT D'ETAT, AU 202-647-1512,
AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS:

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O AL CONSULADO DE LOS EE.UU. MAS
CERCANO, O AL CENTRO DE OPERACIONES DEL DEPARTAMENTO DE ESTADO AL TELEFONO
202-647-1512 Y A LA PERSONA QUE USTED INDIQUE A CONTINUACION:

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Téléphone/Teléfono:

Email/Courrier électronique/Correo electrónico:

Y 00412318

IMPORTANT INFORMATION

THIS PASSPORT IS VALID UNTIL THE EXPIRATION DATE ON PAGE TWO OR SO LONG AS THE BEARER MAINTAINS HIS OR HER OFFICIAL STATUS, WHICHEVER IS SHORTER. ANY USE OF THIS PASSPORT FOR TRAVEL OTHER THAN THAT INCIDENTAL TO THE DISCHARGE OF THE BEARER'S OR SPONSOR'S OFFICIAL MISSION IS PROHIBITED, AND PUNISHABLE UNDER TITLE 18, UNITED STATES CODE, SECTION 1544.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport; or to use this passport in contravention of the passport regulations, or of conditions or restrictions set out in this passport; or to use this passport for travel to countries where a U.S. passport is not valid (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate or the Department of State.

U.S. GOVERNMENT PROPERTY This passport remains the property of the United States at all times. It must be returned to the Department of State upon demand, or immediately upon the termination of the official status for which the passport was issued or endorsed (Title 22, Code of Federal Regulations, Section 517).

LOSS, THEFT, OR ALTERATION OF A PASSPORT should be reported immediately to local police authorities and to Passport Services at 1-877-487-2778. If overseas contact the nearest U.S. embassy or consulate, or notify via email at NPIC@state.gov. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at travel.state.gov.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at step.state.gov.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

IMPORTANT INFORMATION

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at 1-202-501-4444, or consult our home page at travel.state.gov.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at www.treas.gov.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at www.cbp.gov.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at www.aphis.usda.gov.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at www.irs.gov.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at www.ssa.gov.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT TRAVEL.STATE.GOV/PASSPORTINFO FOR UP-TO-DATE INFORMATION.

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

FOR UP-TO-DATE INFORMATION REGARDING THE RIGHTS AND PRIVILEGES GRANTED TO OFFICIAL PASSPORT HOLDERS, PLEASE VISIT TRAVEL.STATE.GOV

If your passport expires within six months of your date of departure, you may be denied entry into some countries.

0123456789

Y00412318



We have a great dream. It started way back in 1776.

Visas



800.555.1234



वीज़ा
VISA

भारत गणराज्य REPUBLIC OF INDIA VL 9002544
VISA VL9002544

उत्तरनाम और नाम / Surname and Given Name

LOPEZ MAURICIO

Identification / Passport No
Y00412318

वीणा टाईप/काष्ठ माल

0-2

ਉਦਾਹਰਣਾਂ ਦੇ ਸੰਖਿਆ OF Entries

MULTIPLE

जारी करने की तिथि / Date of Issue

08/08/2024

समाप्ति की तिथि / Date of Completion: 20/05/2022

07/08/2025

विशेषपुस्तकम् / Special Collections



NOT VALID FOR PROHIBITED COUNTRIES AND CONFORMANT AHEAD
REGISTRATION NOT REQUIRED
GRATIS VISA

उद्योजन बदलने की अनुमति नहीं है / Change of Purpose Not Allowed

[illegible]



*Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, in*

Visas

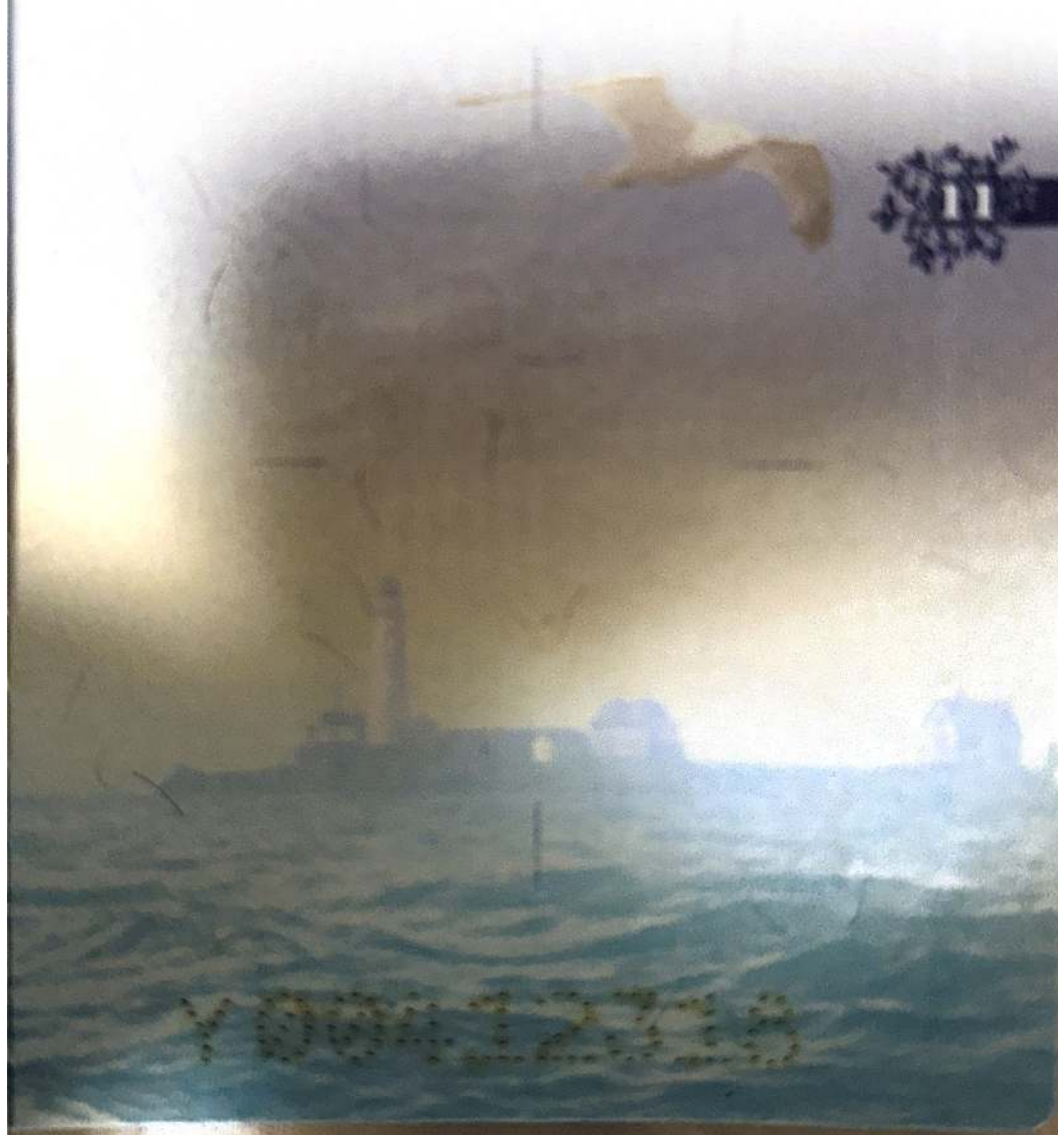


Blessings

*...ill, that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.*
John F. Kennedy



Visas



Y DWA 12318



This is a new nation, based on a mighty

Visas

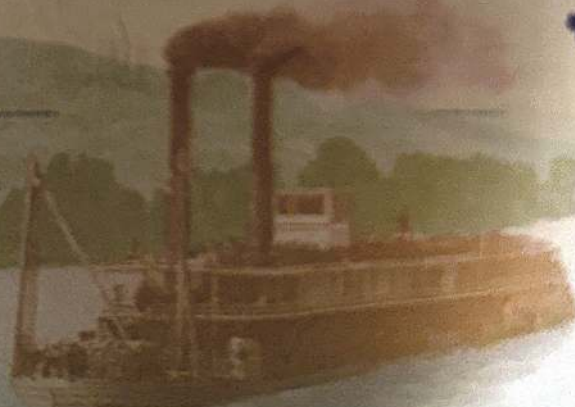


81551400Y

continent, of boundless possibilities.
Theodore Roosevelt



Visas

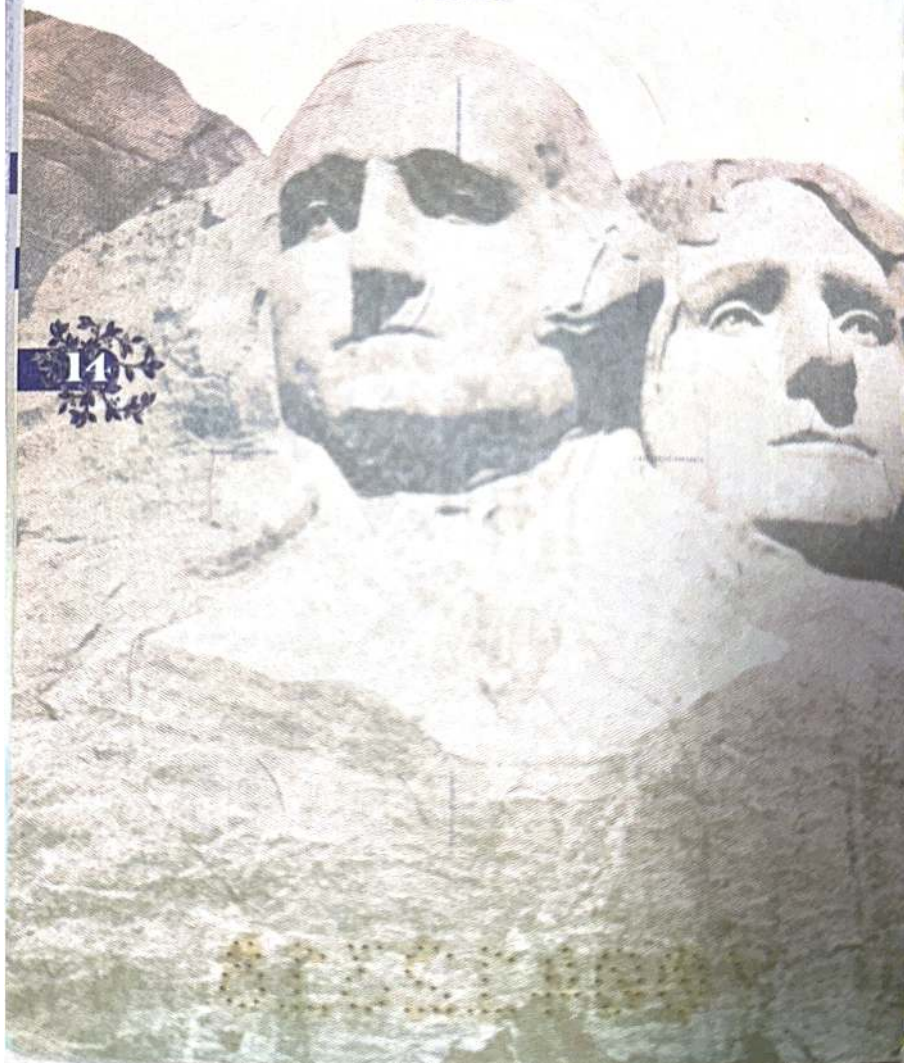


Y 00412318



Let us raise a standard to which

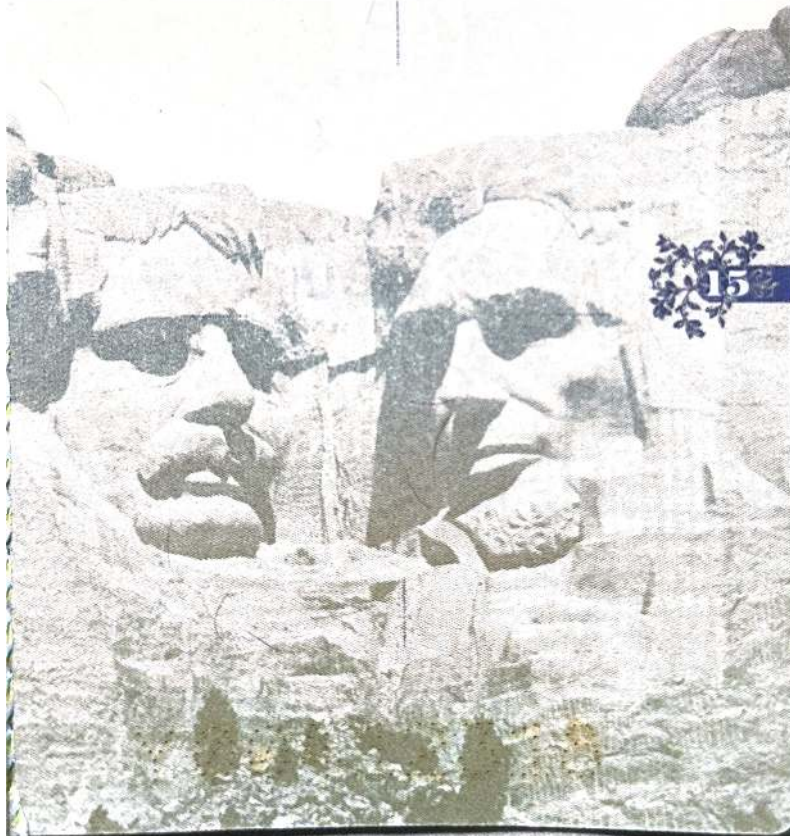
Visas



the wise and honest can repair...
George Washington



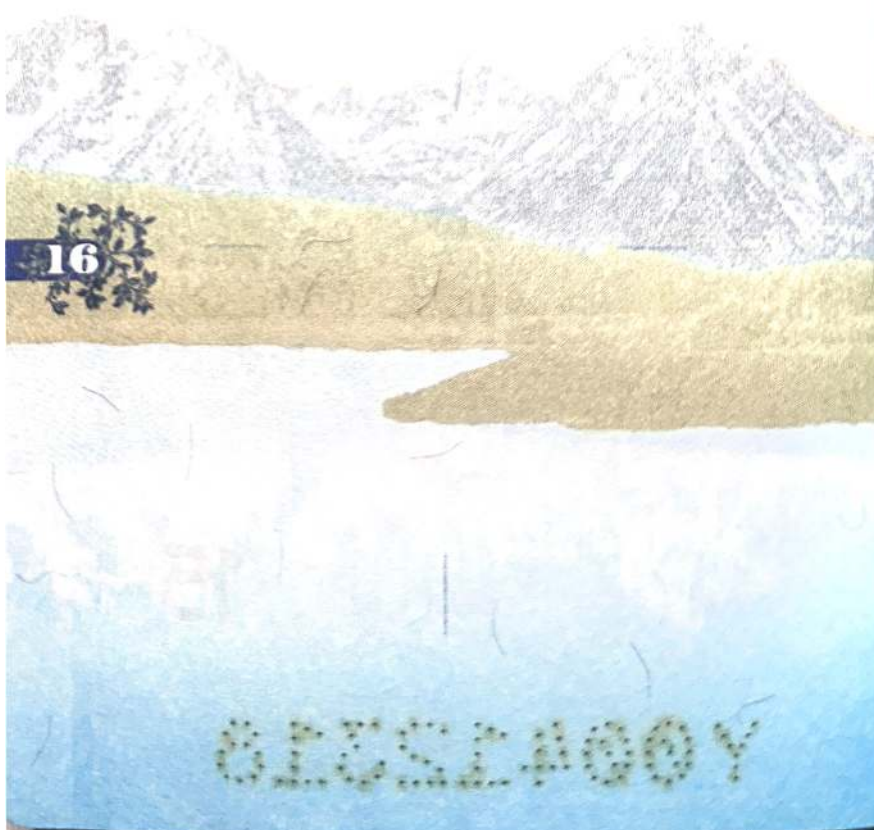
Visas





*The principle of free governments
It is bedded in it.*

Visas



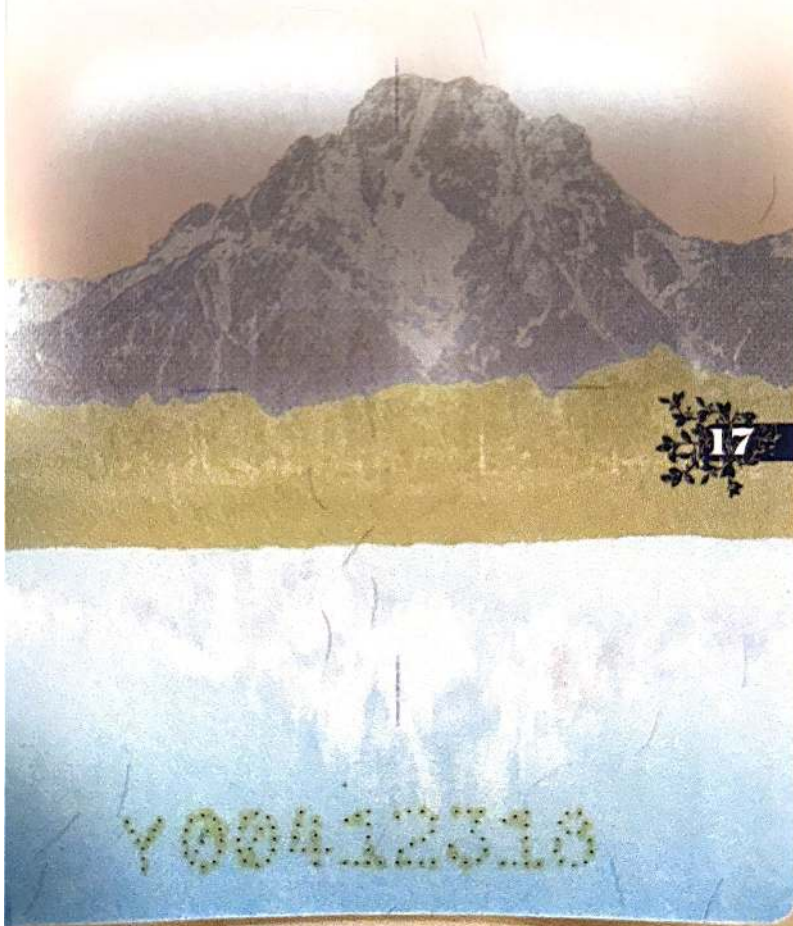
16

61351400Y

adheres to the American soil.
immovable as its mountains.
Daniel Webster



Visas



Y00412318

18

Whatever America hopes to bring to pass in the

Visas

18

ALLSTAY

world must first come to pass in the heart of America.
Dwight D. Eisenhower



Visas



Y00412318



*For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend*

Visas



81131400Y

*It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
it to the hopes of man.*

Lyndon B. Johnson



Visas



Y00412310



*Every generation has the obligation
to look out from a higher*

Visas



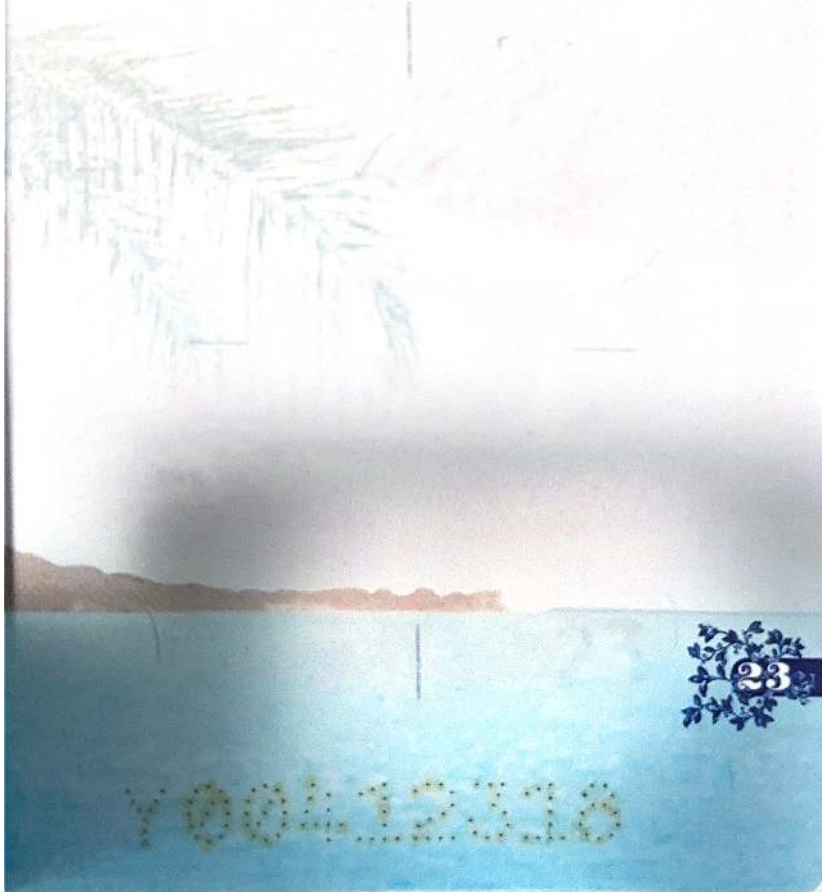
81851400Y

to free men's minds for a look at new worlds...
plateaus than the last generation.

Ellison S. Onizuka



Visas



Y00412318

24

May God continue the unity of our country as this

Visas

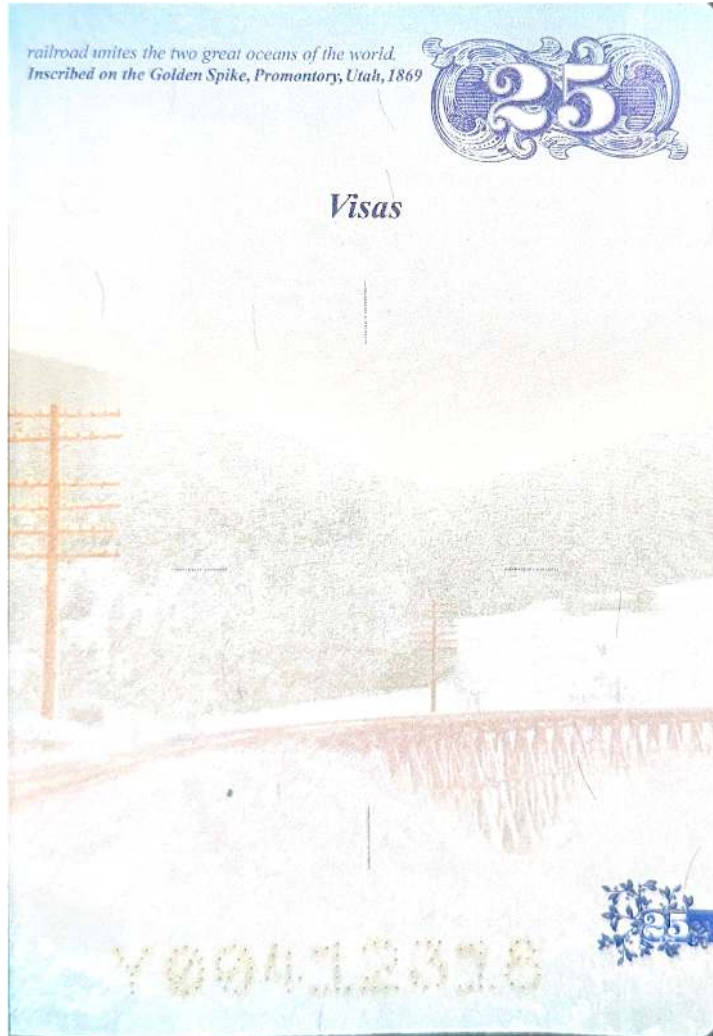


BEST COPY

*railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869*



Visas



Y09412318



26

Visas

26

012511001



The cause of freedom is not the cause of a race or a sect, a party or a class—it is the cause of humankind, the very birthright of humanity.

—Anna Julia Cooper



Y00412318

CERTIFICATION OF VITAL RECORD

County of Denton

FILE NO. : 346932-2003

NAME: MAURICIO LOPEZ

DATE OF BIRTH: 11-08-2003

SEX: MALE

PLACE OF BIRTH: BEXAR COUNTY, TEXAS

FATHER: MOTHER: BEATRIZ LOPEZ

DATE FILED: 01-06-2004 I

S96847

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health Bureau of Vital Statistics, from a document officially in its custody.

DATE ISSUED 01-23-2014

Cynthia Mitchell
Cynthia Mitchell, County Clerk
Denton County, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Texas USA
IDENTIFICATION CARD



IDENTIFICATION CARD

Director: *Steven C. McCreary*



UNDER 21 UNTIL
11/08/2024

4d. ID: **47899035**

3. DOB: **11/08/2003**

4b. Exp: **11/08/2028**

4a. Iss: **04/22/2022**

Nando Lopez

1. **LOPEZ**
2. **MAURICIO**

8. **818 E WALNUT ST APT 231**
GRAPEVINE, TX 76051



16. Hgt: **5'-06"**

15. Sex: **M** 18. Eyes: **BRO**

5. DD: **06121250140222266768**

40000537030



DOB: 11/08/2003



REV: 02/14/2022

Directive to physician
has been filed at Tel #

Emergency Contact #

Allergic reaction to
drugs:

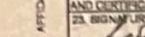
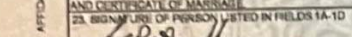
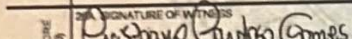
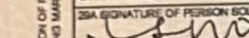
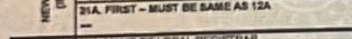
**Exhibit 3 - Samara
Fernanda da Silva
Bueno and Mauricio
Lopez's Marriage
Certificate**

COUNTY of SANTA CLARA
SAN JOSE, CALIFORNIA

4202443004726

LICENSE AND CERTIFICATE OF MARRIAGE
MUST BE LEGIBLE - MAKE NO ERASURES, WHITENOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

LOCAL REGISTRATION NUMBER:

STATE LICENSE NUMBER		DATE OF BIRTH		LOCAL REGISTRATION OFFICE	
1A. FIRST NAME MAURICIO		1B. MIDDLE ---		1C. LAST NAME AT BIRTH (IF DIFFERENT THAN 1A) ---	
1D. CURRENT LAST LOPEZ		1E. DATE OF BIRTH (MM/DD/YYYY) 11/08/2003		1F. STATE/COUNTRY OF BIRTH TX	
2. DATE OF BIRTH (MM/DD/YYYY) 11/08/2003		3. STATE/COUNTRY OF BIRTH TX		4. # PREVIOUS MARRIAGES (BROD) 0	
5. ADDRESS 6 OTIS ST		6. CITY SAN FRANCISCO		7. STATE/COUNTRY CA	
8. ZIP CODE 94103		9. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) MEXICO		10. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) MEXICO	
11A. FULL BIRTH NAME OF FATHER/PARENT BEATRIZ LOPEZ		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) MEXICO		11C. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) MEXICO	
12A. FIRST NAME SAMARA FERNANDA		12B. MIDDLE ---		12C. LAST NAME AT BIRTH (IF DIFFERENT THAN 12A) ---	
13. DATE OF BIRTH (MM/DD/YYYY) 09/27/1992		14. STATE/COUNTRY OF BIRTH BRAZIL		15. # PREVIOUS MARRIAGES (BROD) 0	
16. ADDRESS 30 OTIS ST		17. CITY SAN FRANCISCO		18. STATE/COUNTRY CA	
19. ZIP CODE 94103		20. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		21. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL	
22A. FULL BIRTH NAME OF FATHER/PARENT JOSE LUIZ BUENO		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		22C. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL	
23A. FULL BIRTH NAME OF MOTHER/PARENT RAQUEL RIBEIRO DA SILVA		23B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		23C. DATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL	
WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 308 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.					
24. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D 		25. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D 			
1. THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 429. THE PARTIES PROVIDED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS.					
26A. DATE OF BIRTH (MM/DD/YYYY) 07/09/2024		26B. EXPENSE AFTER (MM/DD/YYYY) 10/06/2024		26C. NAME OF COUNTY CLERK REGINA ALCOMENDRAS	
27A. MARRIAGE LICENSE NUMBER ML422319		27B. COUNTY OF ISSUE SANTA CLARA		27C. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) 110 WEST TASMAN DRIVE, SAN JOSE, CA 95134	
28A. SIGNATURE OF WITNESS 		28B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) CRISTIANO CARDOSO GOMES			
29A. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 3146 OAK RD, 306, WALNUT CREEK, CA 94597		29B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) ---			
30A. SIGNATURE OF WITNESS ---		30B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) ---			
31A. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE ---		31B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) ---			
1. THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.					
2A. DATE OF MARRIAGE (MM/DD/YYYY) 07/09/2024		2B. CITY/TOWN OF MARRIAGE SAN JOSE		2C. COUNTY OF MARRIAGE SANTA CLARA	
3A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE 		3B. RELIGIOUS DENOMINATION (IF CLERGY) ---		3C. OFFICIAL TITLE DEP COMM	
4A. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) LAUREN MONTANA		4B. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 110 W TASMAN DR, SAN JOSE, CA 95134			
NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)					
5A. FIRST - MUST BE SAME AS 1A ---		5B. MIDDLE ---		5C. LAST ---	
NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)					
6A. FIRST - MUST BE SAME AS 12A ---		6B. MIDDLE ---		6C. LAST ---	
7A. NAME OF LOCAL REGISTRAR REGINA ALCOMENDRAS		7B. SIGNATURE OF CLERK OR DEPUTY CLERK 		7C. DATE ACCEPTED FOR REGISTRATION 07/11/2024	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/2010)



* R 2 7 3 9 4 0 1 *

DATE ISSUED JUL 25 2024

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.



CERTIFIED COPY OF VITAL RECORDS

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA

This is a true and exact reproduction of the document
officially registered and placed on file in the Office of the
Santa Clara County Clerk-Recorder.

REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

**Exhibit 4 - Samara
Fernanda da Silva
Bueno's Personal
Declaration with
English Translation**

Samara Fernanda da Silva Bueno
3102 Baldwin Loop Unit B
Killeen, TX 76549
+1 925 285 3243
samarafernandabueno@gmail.com
August 25, 2025

Personal Statement

To Whom It May Concern,

I, Samara Fernanda da Silva Bueno, respectfully submit this statement in support of my request for Deferred Action, as the wife of an active-duty member of the United States Armed Forces, my husband, Mauricio Lopez, and because I am going through a medical situation that has brought psychological and physical harm to our lives.

I entered the United States in July 2019 on a J-1 visa and have resided in the country ever since. I met my husband in October 2023, through a mutual friend who was also stationed at the Army base in Alaska, where Mauricio was serving. We got married on July 9, 2024, and have been married for two years. As proof of the eligibility of our marriage, Form I-130 was filed under receipt number IOE0937864142, currently pending a decision with USCIS.

Shortly after the marriage, I moved permanently to Alaska, in October 2024, to live alongside my husband while he fulfilled his duties in the Army. I resided with him in Alaska for approximately one year and three months, closely accompanying the routine of an active-duty military member, including the periods when he was away for training.

In June 2025, while still in Alaska, I experienced a serious medical emergency. I began to feel very severe pain and was taken to the hospital, where doctors identified that a cyst had ruptured inside my body, causing a serious infection that spread to other organs. I had to undergo several surgical procedures, was hospitalized for approximately one month, was intubated, and remained in critical condition for part of that period, in addition to facing concerns about the possibility of infertility due to the complications. After learning of my hospitalization, my husband was present at every stage of this process. After my recovery, I continue to receive medical follow-up to this day, and the continuation of this treatment in the United States is essential to my health.

In January 2026, we said goodbye to Alaska and began a new phase in Killeen, Texas, where we purchased our first home. Currently, my husband has received a new Army assignment, being designated to serve in South Korea for approximately ten months. This new deployment reinforces the need for me, as his wife and dependent, to be able to remain in the United States with legal and medical stability while he fulfills this overseas assignment, without him having to worry about the possibility of my removal from the country during his absence.

In April 2024, during a trip to Texas, I was stopped at a checkpoint and received a Notice to Appear, initiating removal proceedings. Since then, I have sought legal guidance and followed all legal procedures applicable to my situation. I have no criminal record and have always maintained good conduct, dedicating myself to building a stable life alongside my husband.

In view of my valid and ongoing marriage to an active-duty member of the United States Armed Forces, the severity of my medical condition and the need for continued treatment, and my husband's upcoming assignment to serve overseas, I respectfully request that Deferred Action be granted in my favor, allowing me to remain legally in the United States during this period. I declare, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Sincerely,

-----//signature//-----

DATE: 08/20/2026

Samara Fernanda da Silva Bueno

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 26, 2026

Samara Fernanda da Silva Bueno
3102 Baldwin Loop Unit B
Killeen, TX 76549
+1 925 285 3243
samarafernandabueno@gmail.com
25 de Agosto de 2025

Declaração Pessoal

A quem possa interessar,

Eu, Samara Fernanda da Silva Bueno, venho respeitosamente apresentar esta declaração em apoio ao meu pedido de Deferred Action, na qualidade de esposa de um membro em serviço ativo das Forças Armadas dos Estados Unidos, meu marido, Mauricio Lopez, e por estar passando por uma situação médica que trouxe danos psicológicos e físicos em nossas vidas.

Entrei nos Estados Unidos em Julho de 2019 com visto J1 e resido no país desde então. Conheci meu marido em outubro de 2023, por meio de um amigo em comum que também estava localizado na base do Exército no Alasca, onde Maurício servia. Nos casamos em 09 de julho de 2024 e estamos casados há dois anos. Em comprovação da elegibilidade do nosso casamento, foi protocolado o formulário I-130, sob o número de recibo IOE0937864142, atualmente pendente de decisão junto ao USCIS.

Logo após o casamento, mudei-me definitivamente para o Alasca, em outubro de 2024, para viver ao lado do meu marido enquanto ele cumpria suas funções no Exército. Residi com ele no Alasca por aproximadamente um ano e três meses, acompanhando de perto a rotina de um militar em serviço ativo, inclusive os períodos em que ele se ausentava para treinamentos.

Em junho de 2025, ainda no Alasca, enfrentei uma grave emergência médica. Comecei a sentir dores muito fortes e fui levada ao hospital, onde os médicos identificaram que um cisto havia se rompido dentro do meu corpo, causando uma infecção grave que se espalhou para outros órgãos. Precisei passar por diversos procedimentos cirúrgicos, fiquei internada por aproximadamente um mês, fui entubada e permaneci em estado crítico durante parte desse período, além de enfrentar receio quanto à possibilidade de infertilidade em razão das complicações. Meu marido, após saber da minha internação, esteve presente em cada etapa desse processo. Após minha recuperação, continuo até hoje realizando acompanhamento médico, e a continuidade desse tratamento nos Estados Unidos é essencial para minha saúde.

Em janeiro de 2026, nos despedimos do Alasca e iniciamos uma nova fase em Killeen, Texas, onde compramos nossa primeira casa. Atualmente, meu marido recebeu uma nova missão do Exército, sendo designado para servir na Coreia do Sul por aproximadamente dez meses. Esse novo desdobramento reforça a necessidade de que eu, como sua esposa e dependente, possa permanecer nos Estados Unidos com estabilidade legal e médica enquanto ele cumpre essa missão no exterior, sem que ele precise se preocupar com a possibilidade de minha remoção do país durante sua ausência.

Em abril de 2024, durante uma viagem ao Texas, fui parada em um checkpoint e recebi uma Notice to Appear, dando início a um processo de remoção. Desde então, tenho buscado orientação jurídica e seguido todos os procedimentos legais aplicáveis à minha situação. Não possuo antecedentes criminais e sempre mantive conduta idônea, dedicando-me a construir uma vida estável ao lado do meu marido.

Diante do meu casamento válido e contínuo com um membro em serviço ativo das Forças Armadas dos Estados Unidos, da gravidade da minha condição médica e da necessidade de continuidade do tratamento, e da próxima designação do meu marido para servir no exterior, solicito respeitosamente que seja concedida a Deferred Action em meu favor, permitindo que eu permaneça legalmente nos Estados Unidos durante esse período. Declaro, sob pena de perjúrio de acordo com as leis dos Estados Unidos da América, que o conteúdo acima é verdadeiro e correto.

Atenciosamente,

Samara F S Bueno DATA: 08/20/2026

Samara Fernanda da Silva Bueno

Exhibit 5 - Mauricio Lopez's Personal Declaration

Lopez, Mauricio
Born in San Antonio. November 08, 2003
3102 Baldwin Loop unit B Killeen, Tx, 76549
(940) 465-5150
mauricio128capulines@gmail.com
Spouse of Samara Fernanda Da Silva Bueno

I am writing this letter in support of my wife, Samara Fernanda Da Silva Bueno. I would like to explain the circumstances surrounding her time in the Intensive Care Unit and the significant emotional and personal impact that this experience had on both of us.

During one of her visits to California in June 2025, this difficult period started, communication was constant throughout her time in California, in one of the phone calls we had she told me that she wasn't feeling good and that her stomach was hurting. I asked if everything was okay or if she needed any medical attention. My wife, being the sweetest person I've known, said that everything was okay and that she already had a medical appointment. Three days went by without any communication. I received an unknown call, explaining that my wife was in the ICU. They explained the situation while I was still processing and not being able to believe the situation. Especially because we were physically separated and I could not be by her side during a time when she needed the most support, comfort, and reassurance.

The uncertainty of not being by her side while that happened caused me significant emotional distress. Every phone call or update regarding her condition brought fear and concern because I did not know what would happen next. Being unable to personally care for my wife, hold her hand, or be present with her during such a serious medical situation was incredibly painful.

Being physically distant made this situation worse for me. I immediately notified my Platoon Sergeant, he pointed me in the right direction and the steps I had to follow in order to leave my job for a period of time to be with my wife. Seeing her in the hospital with tubes in her body and her not being unconscious was the worst experience I have ever experienced. I remained faithful, thanks to a priest named Maria that showed up and prayed with me, without any questions being asked. Before the priest left the room she turned around and said God is always with us just stay faithful. Those words gave me such relief that I would and always be in debt.

My wife's hospitalization also demonstrated how important our relationship and our presence in each other's lives are. When someone you love is facing a serious medical situation, being separated from that person can make an already frightening experience even more difficult. I wanted nothing more than to be with my wife, support her recovery, and make sure she knew she was not facing the situation alone.

Her time in the ICU was a very serious and emotional experience for both of us. It reinforced the importance of our marriage, our commitment to one another, and our desire to build our life together without being separated by circumstances beyond our control. Her hospitalization and the circumstances surrounding it were not only medically serious but also had a profound emotional impact on our marriage. Despite the circumstances I am grateful to have my wife and see what the future holds for the both of us together.

I certify that the information provided in this letter is true and accurate to the best of my knowledge.

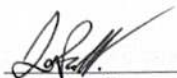
Signature: 
Date: 20260825

Exhibit 6 - Evidence of U.S. Armed Forces Membership and Bona Fide Marriage

United States Government

JAN2026



Affiliation

**Uniformed
Services**

Agency/Department

Army

Expires

2026JAN16

**LOPEZ,
MAURICIO**



Pay Grade Rank

E3

PFC

Geneva Conventions Identification Card

GEMALTO DLGX4 128Kv2 4790-6A15-A6B8-00EA-2980 15346048

Medical

Benefits Number **020368780-00**



Current Birth

2008NOV08

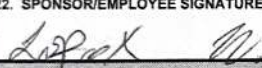
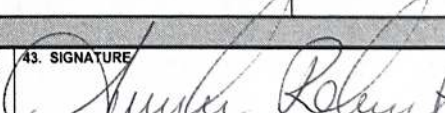
DoD ID Number

1613252424

Geneva Conv.
Category **I**



DODCAC210002637

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT										OMB No. 0704-0415 OMB approval expires March 31, 2020	
Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.											
SECTION I - SPONSOR/EMPLOYEE INFORMATION											
1. NAME (Last, First, Middle) LOPEZ, MAURICIO				2. GENDER M		3. SSN OR DOD ID NO. DoD#1613252424		4. STATUS Active Duty		5. ORGANIZATION USA	
6. PAY GRADE E4		7. GEN. CAT I		8. CITIZENSHIP USA		9. DATE OF BIRTH (YYYYMMDD) 2003NOV08		10. PLACE OF BIRTH			
11. CURRENT HOME ADDRESS 1175 VICKI LN						12. CITY NORTH POLE		13. STATE AK		14. ZIP CODE 99705-5991	
15. COUNTRY USA				16. PRIMARY E-MAIL ADDRESS ☐ Permission to use for benefits notifications		17. TELEPHONE NUMBER (Include Area Code/DSN) (940)465-5150		18. CITY OF DUTY LOCATION		19. STATE OF DUTY LOCATION	
20. COUNTRY OF DUTY LOCATION											
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS											
21. REMARKS (Cite legal documentation, as applicable.) SPONSOR REQUESTS DD FORM 1172-2 FOR PERSONNEL ACTION; NOT FOR USID CARD ISSUANCE VERIFIED BY DEERS 2024OCT02										NOTARY SIGNATURE AND SEAL	
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)											
22. SPONSOR/EMPLOYEE SIGNATURE 								23. DATE SIGNED (YYYYMMDD) 2024100702			
SECTION III - AUTHORIZED BY											
24. SPONSORING OFFICE NAME								25. CONTRACT NUMBER			
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)						27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)		28. OFFICE EMAIL ADDRESS		29. OVERSEAS ASSIGNMENT (Country)	
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)				31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)		32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)		33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)			
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.											
34. SPONSORING OFFICIAL NAME (Last, First, Middle)						35. UNIT/ORGANIZATION NAME					
36. TITLE				37. PAY GRADE		38. SIGNATURE				39. DATE VERIFIED (YYYYMMDD)	
SECTION IV - VERIFIED BY											
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial) ROBERTS, AMBER MARIE				41. SITE IDENTIFICATION 102298		42. TELEPHONE NUMBER (Include Area Code/DSN) 907 353-2195		43. SIGNATURE 			
SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)											
A 44. NAME (Last, First, Middle) DA SILVA BUENO, SAMARA FERNANDA				45. GENDER F		46. DATE OF BIRTH (YYYYMMDD) 1992SEP27		47. RELATIONSHIP SP		48. SSN OR DOD ID NO. DoD#1636329718	
49. CURRENT HOME ADDRESS 1175 VICKI LN						50. PRIMARY E-MAIL ADDRESS ☐ Permission to use for benefits notifications (18 and above)		51. TELEPHONE NUMBER (Include Area Code/DSN) (925)285-3243			
52. CITY NORTH POLE		53. STATE AK		54. ZIP CODE 99705-5991		55. COUNTRY USA		56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) 2024JUL07		57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) 2026JAN16	
B 58. NAME (Last, First, Middle) AND NO OTHERS				59. GENDER X		60. DATE OF BIRTH (YYYYMMDD) XXXXXXXXXX		61. RELATIONSHIP XXXXXX		62. SSN OR DOD ID NO. XXXXXXXXXX	
63. CURRENT HOME ADDRESS XX						64. PRIMARY E-MAIL ADDRESS ☐ Permission to use for benefits notifications (18 and above)		65. TELEPHONE NUMBER (Include Area Code/DSN) XXXXXXXXXX			
66. CITY XXXXXXXXXXXXXXXXXXXX		67. STATE XXX		68. ZIP CODE XXXXXXXXXX		69. COUNTRY XX		70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) XXXXXXXXXX		71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) XXXXXXXXXX	
SECTION VI - RECEIPT											
Receipt of new card is acknowledged.											
72. SIGNATURE								73. DATE ISSUED (YYYYMMDD)			

U.S. Department of Defense / Uniformed Services

Expires

2025JAN01



Relationship
Spouse

Sponsor Affiliation
Active Duty

Sponsor
Pay Grade
E4

Sponsor
Rank
SPC

Sponsor
Agency / Department
Army

Authorized Patronage
**MWR, Commissary
Unlimited Exchange**



**DA SILVA BUENO,
SAMARA FERNANDA**

Identification and Privilege Card

G+D Mifare Classic EV1 1K

04744C6A191391

00006536



Sponsor Name

LOPEZ, MAURICIO

Sponsor DoD ID

1613252424



Medical

Verify Eligibility

Date of Birth

1992SEP27

Beneficiary DoD ID

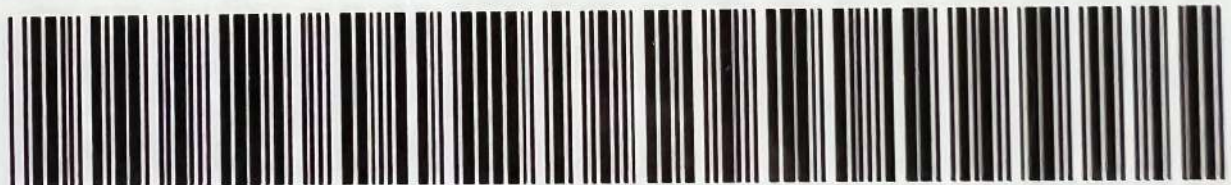
1636329718

Benefits Number

020368780-01

Effective Date

2024OCT09



CVN 9765

Property of U.S. Government

DDUSID210001063

CUI (when filled in)			
VELAZQUEZ, BEATRIZ,		CLECHUZA 126 CELAYA GTO 38030 461/354-0372	
8a. STEP PARENT ONE (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (Home, Mobile, Other)	
9a. STEP PARENT TWO (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (Home, Mobile, Other)	
10a. DO NOT NOTIFY DUE TO THEIR ILL HEALTH None		b. NOTIFY INSTEAD None	
11a. DESIGNATED PERSON(S) (Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence- Whereabouts Unknown) None		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
12. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) Not Applicable			
SECTION 2 - BENEFITS RELATED INFORMATION			
13a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
VELAZQUEZ, BEATRIZ,	Parent	CLECHUZA 128 CELAYA GTO 38030 461/354-0372	050
DA SILVA BUENO, SAMARA FERNANDA,	Spouse	30 OTIS ST APT 2605 SAN FRANCISCO CA 94103 925/285-3243	050
14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME and RELATIONSHIP		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
VELAZQUEZ, BEATRIZ,	Parent	CLECHUZA 128 CELAYA GTO 38030 461/354-0372	070
DA SILVA BUENO, SAMARA FERNANDA,	Spouse	30 OTIS ST APT 2605SAN FRANCISCO CA 94103 925/285-3243	030
15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) NAME and RELATIONSHIP (Military only)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
VELAZQUEZ, BEATRIZ, Parent		CLECHUZA 128 CELAYA GTO 38030 461/354-0372	
16. CONTINUATION/REMARKS			

CUI (when filled in)

17. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate or grade if applicable) cn=LOPEZ.MAURICIO.1613252424,ou=USA,ou=PKI,ou=DoD,o=U.S. Government,c=US	18. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	19. DATE SIGNED (YYYYMMDD) 2025-03-31T23:08:30
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INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 16, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 16" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter DoD Identification Number (located on DoD Identification Card) or SSN if DoD Identification Card is not issued yet. Upon issuance of DoD Identification Card, you will need to submit a new DD Form 93 with your DoD Identification Number to protect your personally identifiable information.

ITEM 3a. Service. Military: Mark X in appropriate block. Civilian: Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 3c. Select marital status.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 4c. List home, mobile, and other phone numbers as appropriate.

ITEM 4d. Provide the preferred language spoken by the spouse.

ITEM 4e. Select from the dropdown menu the DoD affiliation of the spouse, if applicable.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEMS 6a. and 7a. Parent Name. Last name, first name and middle initial.

ITEMS 6b. and 7b. Address and Telephone Number of Parent. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than biological or adoptive parent is listed, indicate relationship.

ITEMS 8a. and 9a. Parent Name (if applicable). Last name, first name and middle initial.

ITEMS 8b. and 9b. Address and Telephone Number of Step Parent (if applicable). If deceased, so state. Include civilian title or military rank and service if applicable.

ITEM 10a. Do Not Notify Person Due to Their Ill Health. Last name, first name, and middle initial. If more than one person, indicate in ITEM 16, "Continuation/Remarks."

ITEM 10b. Notify Instead. Last name, first name, and middle initial and address of person(s) to be notified in lieu of person(s) listed on this form if they are not already listed on form. If ITEM 10a. is not applicable, leave blank.

ITEM 11a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655.

ITEM 11b. Address and telephone number of Designated Person(s).

ITEM 12. Contracting Agency and Telephone Number (Contractors only). NOT APPLICABLE to military personnel. Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 13a. Beneficiary(ies) for Death Gratuity (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

- (1) To the surviving spouse of the person, if any;
 (2) To any surviving children of the person and the descendants of any deceased children by representation;
 (3) To the surviving parents or the survivor of them;
 (4) To the duly appointed executor or administrator of the estate of the person;
 (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death. The member should make specific designations, as it expedites payment. Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. NOT APPLICABLE to civilians.

Item 13b. Relationship. NOT APPLICABLE to civilians.

ITEM 13c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 13d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. NOT APPLICABLE to civilians.

ITEM 14a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid in each in item 14c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

ITEM 14b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 14c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. NOT APPLICABLE to civilians.

ITEM 15a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you die. Persons typically selected as a PADD include: surviving spouse, blood relative of legal age, or adoptive relatives. NOT APPLICABLE to civilians.

ITEM 15b. Address and telephone number of PADD. NOT APPLICABLE to civilians.

ITEM 16. Continuation/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: communication barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 17. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 18. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 19. Date the member or civilian signs the form if not already indicated in the electronic signature block. This item must be completed as an ink entry.



TRICARE Prime Enrollment (West Region)
TriWest Healthcare Alliance
P.O. Box 8550
Virginia Beach, VA 23450-8550

SAMARA FERNANDA DA SILVA BUENO
30 OTIS ST APT 2605
SAN FRANCISCO CA 94103-1990
United States



May 12, 2025
20368780-01

Dear New TRICARE Beneficiary:

Welcome to TRICARE. TRICARE is the health care program for service members and their eligible family members worldwide. TRICARE connects military hospitals and clinics with a network of civilian health care providers to offer medical, dental, and pharmacy options.

You were automatically enrolled in TRICARE Prime on 01 Jan 2025. This is because you're an active duty service member (including a Reserve Component member called to active duty for more than 30 days) or a family member. You'll have an assigned primary care manager (PCM). Your PCM will provide your routine care and refer you to TRICARE network providers for specialty care. Your PCM may be at the military hospital or clinic, or within the civilian network.

If you're an active duty service member, you must remain enrolled in TRICARE Prime. All other eligible beneficiaries have the option to change their enrollment if they're eligible for other TRICARE plans. This includes TRICARE Select. You may also be eligible to enroll in the US Family Health Plan (USFHP), a TRICARE Prime option. You must live in an area where USFHP is available. Learn more at www.tricare.mil/usfhp. If you want to change your enrollment from TRICARE Prime to TRICARE Select or USFHP, you have 90 days from the date of this letter to do so.

Your PCM is STEIN,CARL at 4158612400. If your PCM's name and phone number are missing in this letter, call TRICARE Prime Enrollment (West Region) at 888-TRIWEST (874-9378) for more information or to review other PCM options.

If you're assigned to a PCM at a military hospital or clinic, you don't have to do anything. However, if you have any health concerns, call your PCM.

If you have a civilian PCM, be sure to contact them within 30 days to establish yourself as a new patient.

To learn more about TRICARE, go to www.tricare.mil. You can also visit the TRICARE Prime Enrollment (West Region) website at www.tricare.mil/west or call 888-TRIWEST (874-9378).

Make sure you have a valid email address listed in the Defense Enrollment Eligibility Reporting System. That way, you'll receive email updates from the Defense Manpower Data Center. These will direct you to milConnect to get TRICARE-related correspondence. If you'd like to receive benefits correspondence via email instead of postal mail, please go to <https://idco.dmdc.osd.mil/idco>. Click "Continue" in the "My Profile" option to sign up for emails.

You may also qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP). The U.S. Office of Personnel Management offers FEDVIP. To find out about FEDVIP vision coverage options, go to www.benefeds.com.

The goal of TRICARE is the same wherever you are. It is to provide you access to the best possible health care. We look forward to serving your health care needs.

Sincerely,

Enrollment Department
TriWest Healthcare Alliance

Most TRICARE plans meet the minimum essential coverage requirement under the Affordable Care Act. For more information, visit www.tricare.mil/aca.

Note: You received this letter based on information in your DEERS record. If you made changes in DEERS after the date printed at the top of this letter, this letter may no longer apply.



Enrollment Card
TRICARE Prime



Name: SAMARA FERNANDA DA SILVA BUENO

Status: Active Duty Family Member

Primary Care Manager: _____

Primary Care Manager Phone: _____

Effective Date: 01 Jan 2025

Valid with presentation of Uniformed Services ID card.

Contact your personnel office to correct the above information.

TRICARE Information: 888-TRIWEST (874-9378)

TRICARE Pharmacy Program: 877-363-1303

Medical Claims: Contact your regional contractor or visit:

www.tricare.mil/claims (*stateside*);

www.tricare-overseas.com (*overseas*)

Emergency Care: Call 911 or go to the nearest medical facility.

Contact your PCM **as soon as possible** to coordinate further care and payment **before leaving the facility**.

www.tricare.mil

**Exhibit 7 - Evidence
of Bona Fide
Marriage:
Documentation of
Shared Life**

Texas Disclosure

This form provides additional disclosures and acknowledgements required in Texas. It is used with the federal Closing Disclosure form.

Form T-64

Closing Information Closing Disclosure Issued Date: February 9, 2026 Closing Date: February 9, 2026 GF #: PT-25-2625 Sales Price: \$350,000.00 Loan Amount: \$357,525.00	Transaction Information Property Address: 3102 Baldwin Loop, Killeen, TX 76549 Borrower(s): Mauricio Lopez and Samara Fernanda Da Silva Bueno Address(es): 1175 , Vicki Ln, Apt#D, North Pole, AK 99705 Seller(s): Mh Homes LLC Address(es): 523 Messer Ranch Road, Belton, TX 76513
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Lender and Settlement Agent	
Lender: Mortgage Research Center LLC DBA Veterans United Home Loans ISAOA/ATIMA Address: 1400 Forum Boulevard, Suite 18, Columbia, MO 65203	Settlement Agent: Poise Title Company Address: 346 Morgan Street, Suite E, Harker Heights, TX 76548

Title Insurance Premiums

If you are buying both an owner's policy and a loan policy the title insurance premiums on this form might be different than the premiums on the Closing Disclosure. The owner's policy premium listed on the Closing Disclosure will probably be lower than on this form, and the loan policy premium will probably be higher. If you add the two policies' premiums on the Closing Disclosure together, however, the total should be the same as the total of the two premiums on this form.

The premiums are different on the two forms because the Closing Disclosure is governed by federal law, while this form is governed by Texas Law. The owner's policy and loan policy premiums are set by the Texas commissioner of insurance. When you buy both an owner's policy and a loan policy in the same transaction, you are charged the full premium for the owner's policy but receive a discount on the loan policy premium. Federal and Texas law differ on where the discount is shown. Texas law requires the discount to be reflected in the loan policy premium, while federal law requires the discount to be reflected in the owner's policy premium.

Title Agent:	Poise Title Company	Owner's Policy Premium	\$	2,150.00
		Loan Policy Premium	\$	139.00
Underwriter:	AnTrust Title	Endorsements	\$	159.45
	Insurance Company	Other	\$	0.00
		TOTAL	\$	2,448.45

Of this total amount: \$ 367.27 (or ____%) will be paid to the Underwriter; the Title Agent will retain \$ 1,248.71 (or ____%); and the remainder of the premium will be paid to other parties as follows:

Amount (\$ or %)	To Whom	For Services
\$832.47	Netco Title Company	title exam

Fees Paid to Settlement Agent			
Fees Paid to Settlement Agent on the Closing Disclosure include:			
Title - Lender's T-19: Endorsement	\$109.45	Title - Settlement or Closing Fee	\$800
Title - Lender's T-36 Endorsement	\$25	Title - Lender's T-30 Endorsement	\$20

Texas Disclosure

Form T-64

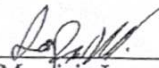
This form provides additional disclosures and acknowledgements required in Texas. It is used with the federal Closing Disclosure form.

Title - Lender's T-3 Endorsement	\$5	Title - Owner's T-3 Endorsement	\$107.5
Real Estate Commission Disbursement			
Portions of the Real Estate Commissions disclosed on the Closing Disclosure will be disbursed to:			
Listing Agent Commission \$7,000.00 to JCKEY Real Estate (2%%)			
Selling Agent Commission \$8,750.00 to Real Broker, LLC (2.5%%)			
Fee for Services	Lisa Gallup		
Fee for Services	Realty Search Solutions		
Other Disclosures			
Although not required, this section may be used to disclose individual recording charges included on Line 01 of Section E of the Closing Disclosure, or to disclose a breakdown of other charges that were combined on the Closing Disclosure:			
Document Name	Recording Fee	Document Name	Recording Fee
Deed	\$22	Mortgage	\$78
Closing Disclosure Charge Name	Included in Closing Disclosure Charge		
Lender Endorsements	Form, Form, T-3, Form		

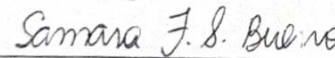
The Closing Disclosure was assembled from the best information available from other sources. The Settlement Agent cannot guarantee the accuracy of that information.

Tax and insurance prorations and reserves were based on figures for the preceding year or supplied by others, or are estimates for current year. If there is any change for the current year, all necessary adjustments must be made directly between Seller and Borrower, if applicable.

I (We) acknowledge receiving this Texas Disclosure and Closing Disclosure. I (We) authorize the Settlement Agent to make the expenditures and disbursements on the Closing Disclosure and I (we) approve those payments. If I am (we are) the Borrower(s), I (we) acknowledge receiving the Loan Funds, if applicable, in the amount on the Closing Disclosure.


Mauricio Lopez

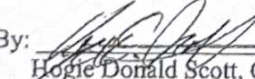
Date: 20261002


Samara Fernanda Da Silva Bueno

Date: 02/10/2026

Mh Homes LLC, a Texas Limited Liability Company

Date: Feb. 09, 2026

By: 
Hogie Donald Scott, CEO/President

Texas Disclosure

Form T-64

This form provides additional disclosures and acknowledgements required in Texas. It is used with the federal Closing Disclosure form.

Poise Title Company

By: 
Amanda Santos-Robinson



Office Hours: Mon. - Fri. 8:30 AM -4:30 PM
Toll Free: 1-800-770-4832
Phone: 907-452-1151
www.gvea.com

Kiosk Barcode

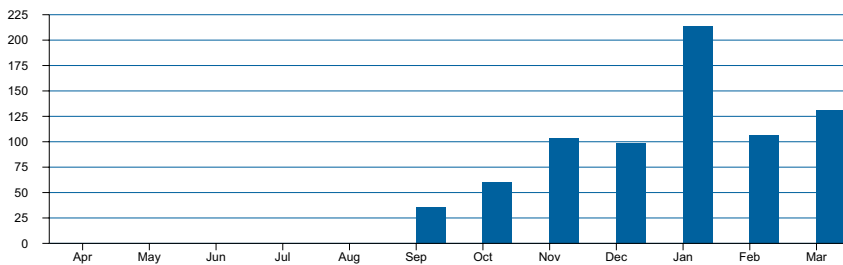


Name: MAURICIO LOPEZ
SAMARA F DA SILVA BUENO
Billing Date: 03/21/2025
Account #: 658280
Service Address: 1175 VICKI LN #4
Voting District: 3
Member #: 1082445

Monthly Energy Usage

kWh

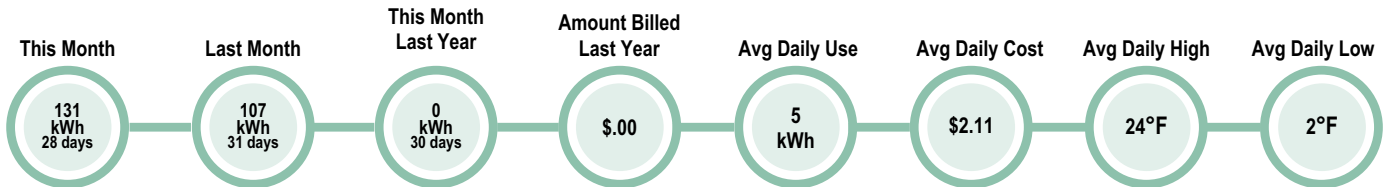
Last 13-24 Months Last 12 Months



Messages From Golden Valley

► Save the Date! GVEA Annual Members' Meeting is Thursday May 1, 2025 at 8 Star Event Center. The event will also be live-streamed on GVEA's YouTube and Facebook pages. Stay tuned for more information at our dedicated webpage: www.gvea.com/annual.

Monthly Energy Usage Comparison



Please return bottom portion with your payment.



GOLDEN VALLEY ELECTRIC ASSOCIATION, INC.
P.O. Box 71249, Fairbanks, Alaska 99707-1249

Bill date 03/21/2025
Account Number 658280

Total Due **\$59.00**
Paying With Credit Card on 04/15/2025

PHONE NUMBER: (940) 465-5150
EMAIL: mauricio128capulines@gmail.com

4 2071

MAURICIO LOPEZ
SAMARA F DA SILVA BUENO
1175 VICKI LN #4
NORTH POLE AK 99705-0000

GOLDEN VALLEY ELECTRIC ASSOCIATION
PO BOX 71249
FAIRBANKS AK 99707-1249



02006000065828000000059000000006100032120253

Account Number: 658280

Service Address: 1175 VICKI LN #4

Meter #	Billing Period From	To	Days	Readings Previous	Present	Meter Multiplier	Usage	Rate
319631	02/13/25	03/13/25	28	660	791	1	131	RES1

Previous Account Activity

Previous Balance \$52.00
 Payment Received - Thank You -\$52.00
Balance Forward \$0.00

Current Activity

Customer Charge \$22.50
 Utility Charge 131 KWH @ 0.144680 \$18.95
 Fuel & Purchased Power 131 KWH @ 0.131640 \$17.24
 Regulatory Cost Charge 131 KWH @ 0.001107 \$0.15
 ERO Surcharge 131 KWH @ 0.000670 \$0.09
 Goodcents \$0.07
Current Charges \$59.00

Total Amount Due

\$59.00

PAYING WITH CREDIT CARD
 ON 04/15/25



HELP US FIND YOU DURING AN OUTAGE

- House Number Clearly Visible
- Street Name Clearly Visible
- Up-to-Date Phone Number in MyGVEA

Questions? Give us a call! (907) 452-1151

Sign up Today for



Paperless Billing

Save time, money and trees -- go paperless.



Outage Information

Track the status of current outages and sign up to receive outage notifications.



Energy Use Data

Track your monthly, daily and hourly usage.



Address and phone number changes

New address or phone number? MyGVEA makes updates easy. You can also call 907-452-1151 or 1-800-770-4832.

Other Ways to Pay Your Bill

Visit gvea.com to see all the ways you can pay your bill. Residential members can pay online, on our app or by phone using one of these major credit cards.



Online

Log into your MyGVEA account at gvea.smarthub.coop.



Phone

Call 907-452-1151 or 1-800-770-4832 to pay by phone.



App

Pay your bill using the MyGVEA app.



In Person

758 Illinois Street, Fairbanks, AK
 Or
 1681 Richardson Highway, Delta Junction, AK

REAL ESTATE LEASE

This Lease Agreement (this "Lease") is dated 07 August 2024, by and between Zack P. Latham ("Landlord") and Mauricio Lopez and Sanara Fernanda Da Silva Bueno ("Tenants"). Subject to the terms and conditions stated below the parties agree as follows:

1. PREMISES. Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant One Bed – One Bath and shared backyard, with heating oil, water/sewer are all included with the property located at 1175 Vickie Ln, Apt #D, Fairbanks, Alaska 99705. No other portion of the building (hereinafter, the Building), wherein the Premises is located is included unless expressly provided for in this Agreement.

2. TERM. The lease term will begin on 07 August 2024 ("Commencement Date") and will terminate on 31 July 2025, and thereafter shall be on a month to month lease.

Tenant shall vacate the Premises upon termination of the Agreement, unless: (i) Landlord and Tenant have extended this Agreement in writing or signed a new agreement; (ii) mandated by local rent control law; or (iii) Landlord accepts Rent from Tenant (other than past due Rent), in which case a month-to-month tenancy shall be created which either party may terminate by Tenant giving Landlord written notice of at least 30 days prior to the desired termination date, or by Landlord giving Tenant written notice as provided by law. Rent shall be at a rate agreed to between Landlord & Tenant, or as allowed by law. All other terms and conditions of this Agreement shall remain in full force and effect.

3. MANAGEMENT. The Tenant is hereby notified that Zack P. Latham the property manager in charge of the Property. Should the tenant have any issues or concerns the Tenant may contact Zack P. Latham at (907) 750-5307.

4. RENT; LEASE PAYMENTS. "Rent" shall mean all monetary obligations of Tenant to Landlord under the terms of this Agreement, except the Security Deposit.

(a) Tenant shall pay to Landlord a \$1400.00 security deposit at the beginning of the lease and that will be returned to tenant upon termination of lease if no damages are present. Rent payments of \$1400 payable in advance on the first day of each month, and is delinquent by the 5 day of the month and a late fee of \$100.00 will be charged. Lease payments shall be made to Landlord at the address of Landlord noted in the Notices provision of this Lease which may be changed from time to time by Landlord. If tenant wishes to have a pet an additional \$250 pet fee as well as a \$75.00 non-refundable pet fee per month will be charged.

(b) Rent shall be paid by the following method(s):

Personal Check
Cashier's Check

Direct Deposit – Zachariah Latham

Alaska USA – Routing # 325272021

Acct # 5128338 Electronic Acct # 1700051283384

Initials: ML

If any payment is returned for non-sufficient funds or because Tenant stops payments, then, after that, (i) Landlord may, in writing, require Tenant to pay Rent in cash for three months and (ii) all future Rent shall be paid by cashier's check.

5. POSSESSION. Tenant shall be entitled to possession on the first day of the term of this Lease, and shall yield possession to Landlord on the last day of the term of this Lease, unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good a condition as when delivered to Tenant, ordinary wear and tear excepted.

6. USE OF PREMISES/ABSENCES. Tenant shall occupy and use the Premises as a full-time residential dwelling unit. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

No retail, commercial or professional use of the Premises is allowed unless the Tenant receives prior written consent of the Landlord and such use conforms to applicable zoning laws. In such case, Landlord may require Tenant obtain liability insurance for the benefit of Landlord. Landlord reserves the right to refuse to consent to such use in its sole and absolute discretion.

The failure to abide by the provisions of this section shall constitute a material breach of this Agreement and is a just cause for eviction.

7. OCCUPANTS. No more than 4 person(s) may reside on the Premises unless the prior written consent of the Landlord is obtained.

This Lease and occupancy of the premises is binding, individually and severally, on each person(s) specifically named and who signs this Lease, regardless of the named person's occupancy of the Premises.

Authorized Tenants/Occupants:

Tenant may have guests on the Premises for not over 2 consecutive days or days in a calendar year, and no more than two guests per bedroom at any one time. Persons staying more than 2 consecutive days or more than 24 days in any calendar year shall NOT be considered original tenants of the Premises. Tenant must obtain the prior written approval of Landlord if an invitee of Tenant will be present at the Premises for more than 10 consecutive days in a month.

8. PETS. No pets, dogs, cats, birds, fish or other animals shall be allowed on the Premises, even temporarily or with a visiting guest, without prior written consent of Landlord. As required by law, Service Animal(s) are the only exception to this rule. If a pet has been in a Tenants apartment or allowed into the building, even temporarily (with or without Landlords permission) Tenant may be charged for cleaning, de-fleeing, deodorizing or shampooing any portion of the building or Premises at the discretion of Owner. At the time of signing this Lease, Tenant shall pay to Landlord, in trust, a deposit of \$250.00, to be held and disbursed for pet damages to the Premises (if any) as provided by law. This deposit is in addition to any other security deposit

Initials: ML

stated in this Lease. Tenant will review and sign the Pet Agreement Form and Landlord will keep on file. Tenant will take pet off side walk into parking area to urinate and will pick up any feces and or poop and dispose in bag and or dumpster.

Strays shall not be kept or fed in or about the Premises. Strays can be dangerous and Owner must be notified immediately of any strays in or about the Premises.

9. KEYS. Tenant will be given 2 key(s) to the Premises and 1 mailbox key(s). If all keys are not returned to Landlord following termination of the Lease, Tenant shall be charged \$10.00. Tenant is not permitted to change any lock or place additional locking devices on any door or window of the Premises without Landlords approval prior to installation. If allowed, Tenant must provide Landlord with keys to any changes lock immediately up installation.

10. LOCKOUT. If Tenant becomes locked out of the Premises, Tenant will be charged \$50.00 to regain entry.

11. STORAGE. No additional storage space outside the Premises is provided or authorized by this Lease. Tenant shall not store any property in any area outside of the rented Premises at any time.

12. PARKING. This lease does include two parking spots adjacent to the building with a receptacle linked to your apartment.

13. MAINTENANCE. Landlord shall have the responsibility to maintain the Premises in reasonably good repair at all times and perform all repairs reasonably necessary to satisfy any implied warranty of habitability except that Tenant will be responsible for: Trash

Except in an emergency, all maintenance and repair requests must be made in writing and delivered to Landlord or its Agent. A repair request will be deemed permission for the Landlord or its Agent to enter the Premises to perform such maintenance or repairs in accordance with ACCESS BY LANDLORD TO PREMISES herein unless otherwise specifically requested, in writing, by Tenant. Tenant may not place any unreasonable restrictions upon Landlords or Landlords Agents access or entry. Landlord shall have expectation that the Premises is in a safe and habitable condition upon entry.

14. UTILITIES AND SERVICES. Landlord shall be responsible for all utilities (except for electric and phone/cable for the apartment) and services incurred in connection with the Premises. Tenant will keep thermostat at or below 70 degrees Fahrenheit or additional charges will apply. If heat is excessive or not working tenant will advise landlord.

15. TAXES. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

REAL ESTATE TAXES. Landlord shall pay all real estate taxes and assessments for the Premises.

Initials: ML

PERSONAL TAXES. Landlord shall pay all personal taxes and any other charges which may be levied against the Premises which are attributable to Tenant's use of the Premises, along with all sales and/or use taxes (if any) that may be due in connection with lease payments.

16. PROPERTY INSURANCE. Tenant shall maintain casualty insurance on the Premises in an amount equal to 100 % of the full replacement value. Landlord shall be named as an insured in such policies. Tenant shall deliver appropriate evidence to Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to Landlord. Landlord shall have the right to require that the Landlord receive notice of any termination of such insurance policies. Tenant shall also maintain any other insurance which Landlord may reasonably require for the protection of Landlord's interest in the Premises. Tenant is responsible for maintaining casualty/renters insurance on its own property.

17. OTHER. Between the months of October to April windows will remain closed except occasionally for fresh air, due to extreme temperatures, the cost of heating fuel and the potentially for extensive damage to occur (freezing pipes, etc.) A verbal warning will be given after that a \$50 per incident fee will be charged. Windows can remain open momentarily between the Octobers through April months for fresh air.

18. NON-SUFFICIENT FUNDS. Tenant shall be charged \$50.00 as reimbursement of the expenses incurred by Landlord for each check that is returned to Landlord for lack of sufficient funds. In addition, a check returned due to insufficient funds will be subject to any and all Late Payments provisions included in this lease. All charges will be immediately due from Tenant and failure to make immediate payment will constitute a default under the terms of this Lease.

Landlord reserves the right to demand future payments by cashier's check, money order or certified funds on all future payments in the event of a check returned for insufficient funds. Nothing in this paragraph limits other remedies available to the Landlord as a payee of a dishonored check. Landlord and Tenant agree that three returned checks in any twelve month period constitutes frequent return of checks due to insufficient funds and may be considered a just cause for eviction.

19. LATE PAYMENTS. For any payment that is not paid within 05 days after its due date, Tenant shall pay a late fee of \$100.00.

20. DEFAULTS. Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 10 days (or any other obligation within 0 days) after written notice of such default is provided by Landlord to Tenant, Landlord may elect to cure such default and the cost of such action shall be added to Tenant's financial obligations under this Lease. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

Initials: ML

21. TERMINATION UPON SALE OF PREMISES. Notwithstanding any other provision of this Lease, Landlord may terminate this lease upon 30 days' written notice to Tenant that the Premises have been sold.

22. EARLY TERMINATION CLAUSE. Reference the Alaska Landlord and Tenant Act published 01/2015, page 18 (**Moving prior to the end of a lease**).

23. MILITARY TERMINATION CLAUSE. In the event, the Tenant is, or hereafter becomes, a member of the United States Armed Forces on extended active duty and hereafter the Tenant receives permanent change of station orders to depart from the area where the Premises are located, or is relieved from active duty, retires or separates from the military, or is ordered into military housing, then in any of these events, the Tenant may terminate this lease upon giving thirty (30) days written notice to the Landlord. The Tenant shall also provide to the Landlord a copy of the official orders or a letter signed by the tenant's commanding officer, reflecting the change, which warrants termination under this clause. The Tenant will pay prorated rent for any days (he/she) occupy the dwelling past the first day of the month. Any security deposit will be promptly returned to the tenant, provided there are no damages to the premises.

24. DESTRUCTION OR CONDEMNATION OF PREMISES. If the Premises are partially destroyed by fire or other casualty to an extent that prevents the conducting of Tenant's use of the Premises in a normal manner, and if the damage is reasonably repairable within sixty days after the occurrence of the destruction, and if the cost of repair is less than \$500.00, Landlord shall repair the Premises and a just proportion of the lease payments shall abate during the period of the repair according to the extent to which the Premises have been rendered un-rentable. However, if the damage is not repairable within sixty days, or if the cost of repair is \$500.00 or more, or if Landlord is prevented from repairing the damage by forces beyond Landlord's control, or if the property is condemned, this Lease shall terminate upon twenty days' written notice of such event or condition by either party and any unearned rent paid in advance by Tenant shall be apportioned and refunded to it. Tenant shall give Landlord immediate notice of any damage to the Premises.

25. HABITABILITY. Tenant has inspected the Premises and fixtures (or has had the Premises inspected on behalf of Tenant), and acknowledges that the Premises are in a reasonable and acceptable condition of habitability for their intended use, and the agreed lease payments are fair and reasonable. If the condition changes so that, in Tenant's opinion, the habitability and rental value of the Premises are adversely affected, Tenant shall promptly provide reasonable notice to Landlord.

26. HOLDOVER. If Tenant maintains possession of the Premises for any period after the termination of this Lease ("Holdover Period"), Tenant shall pay to Landlord lease payment(s) during the Holdover Period at a rate equal to the most recent rate preceding the Holdover Period. Such holdover shall constitute a month-to-month extension of this Lease.

27. CUMULATIVE RIGHTS. The rights of the parties under this Lease are cumulative, and shall not be construed as exclusive unless otherwise required by law.

Initials: ML

28. REMODELING OR STRUCTURAL IMPROVEMENTS. Tenant shall be allowed to conduct construction or remodeling (at Tenant's expense) only with the prior written consent of the Landlord which shall not be unreasonably withheld. At the end of the lease term, Tenant shall be entitled to remove (or at the request of Landlord shall remove) any such fixtures, and shall restore the Premises to substantially the same condition that existed at the commencement of this Lease.

29. ACCESS BY LANDLORD TO PREMISES. Subject to Tenant's consent (which shall not be unreasonably withheld), Landlord shall have the right to enter the Premises to make inspections, provide necessary services, or show the unit to prospective buyers, mortgagees, tenants or workers. Landlord will provide 24 hour notice of its intention to enter the Premises. If Tenant has, after written notice to cease, continued to deny Owner access to the unit, as required by State law, such failure is a substantial breach of this agreement and is a just cause for eviction. However, Landlord does not assume any liability for the care or supervision of the Premises. As provided by law, in the case of an emergency, Landlord may enter the Premises without Tenant's consent. During the last three months of this Lease, or any extension of this Lease, Landlord shall be allowed to display the usual "To Let" signs and show the Premises to prospective tenants.

30. INDEMNITY REGARDING USE OF PREMISES. To the extent permitted by law, Tenant agrees to indemnify, hold harmless, and defend Landlord from and against any and all losses, claims, liabilities, and expenses, including reasonable attorney fees, if any, which Landlord may suffer or incur in connection with Tenant's possession, use or misuse of the Premises, except Landlord's act or negligence. Tenant hereby expressly releases Landlord and/or Agent from any and all liability for loss or damage to Tenants property or effects whether in the Premises, garage, storerooms or any other location in or about the Premises, arising out of any cause whatsoever, including but not limited to rain, plumbing leakage, fire or theft, except in the case that such damage has been adjudged to be the result of the gross negligence of Landlord, Landlords employees, heirs, successors, assignees and/or Agents.

31. ACCOMMODATION. Landlord agrees to and is committed to complying with all applicable laws providing equal housing opportunities. To ensure compliance, Landlord will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or a tenant, unless undue hardship would result. It is the applicant or tenants responsibility to make Landlord aware of any required accommodation. In writing, the individual with the disability should specify the nature and effect of the disability and any accommodation he or she needs. If after thoughtful consideration and evaluation, the accommodation is reasonable and will not impose an undue hardship, Landlord will make the accommodation. Owner reserves the right to require appropriate medical verification of the disability.

32. DANGEROUS MATERIALS. Tenant shall not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might substantially increase the danger of fire on the Premises, or that might be considered hazardous by a responsible insurance

Initials: ML

company, unless the prior written consent of Landlord is obtained and proof of adequate insurance protection is provided by Tenant to Landlord.

33. COMPLIANCE WITH REGULATIONS. Tenant shall promptly comply with all laws, ordinances, requirements and regulations of the federal, state, county, municipal and other authorities, and the fire insurance underwriters. However, Tenant shall not by this provision be required to make alterations to the exterior of the building or alterations of a structural nature.

34. MECHANICS LIENS. Neither Tenant nor anyone claiming through the Tenant shall have the right to file mechanics liens or any other kind of lien on the Premises and the filing of this Lease constitutes notice that such liens are invalid. Further, Tenant agrees to (1) give actual advance notice to any contractors, subcontractors or suppliers of goods, labor, or services that such liens will not be valid, and (2) take whatever additional steps that are necessary in order to keep the premises free of all liens resulting from construction done by or for the Tenant.

35. SUBORDINATION OF LEASE. This Lease is subordinate to any mortgage that now exists, or may be given later by Landlord, with respect to the Premises.

36. ASSIGNABILITY/SUBLETTING. Tenant may not assign or sublease any interest in the Premises, nor assign, mortgage or pledge this Lease. This is a blanket prohibition, meaning no replacement tenant(s) will be permitted and no additional tenant or occupant will be allowed in the Premises even if a Tenant leaves the Premises. This prohibition applies to each and every term of this Lease in regard to space leased to Tenant. Any waiver of this prohibition must be secured from the Landlord in writing, and the consent of which Landlord may withhold in its sole and absolute discretion. In the event the prohibition is invalidated or lifted, Tenant, Landlord and any subtenant or assignee agrees to be bound by each and every provision contained in this Lease.

37. NOTICE. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed to the party at the appropriate address set forth below. Such addresses may be changed from time to time by either party by providing notice as set forth below. Notices mailed in accordance with these provisions shall be deemed received on the third day after posting.

LANDLORD:

Zack P. Latham

38. GOVERNING LAW. This Lease shall be construed in accordance with the laws of the State of Alaska.

39. ENTIRE AGREEMENT/AMENDMENT. This Lease contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

Initials: ML

40. SERVICEABILITY; WAIVER. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

41. TIME OF ESSENCE. Time is of the essence with respect to the execution of this Lease.

42. ESTOPPEL CERTIFICATE. Tenant shall execute and return a tenant estoppel certificate delivered to Tenant by Landlord or Landlord's agent within 3 days after its receipt. Failure to comply with this requirement shall be deemed Tenant's acknowledgment that the estoppel certificate is true and correct, and may be relied upon by a lender or purchaser.

43. TENANT REPRESENTATION; CREDIT. Tenant represents and warrants that all statements in Tenant's rental application are accurate. Tenant authorizes Landlord and any broker to obtain Tenant's credit report periodically during the tenancy in connection with the modification or enforcement of this Lease. Landlord may cancel this Lease (i) before occupancy begins, (ii) upon disapproval of the credit report(s), or (iii) at any time, upon discovering that information in Tenant's application is false.

44. BINDING EFFECT. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors and assigns.

LANDLORD:

8/7/2024
 Zack P. Latham
 Dated: [Signature]

TENANT:

08/07/2024
 Mauricio Lopez
 Dated: [Signature]

TENANT:

Samara J. S. Bueno
 Samara Fernanda Da Silva Bueno
 Dated: 08/07/2024

Initials: ML

7:20



Q Search or ask a question



Your Addresses

Add a new address



Add a new pickup location



Personal Addresses

Default: 

Samara Da Silva Bueno

1175 VICKI LN APT # D

NORTH POLE, AK 99705-5991

United States

Phone number: (925) 285-3243

[Add delivery instructions](#)

Edit

Remove

Mauricio lopez

1175 Vicki Ln

Apt#D

North Pole, Alaska 99705

United States

Phone number: 9404655150

[Add delivery instructions](#)

Edit

Remove

Set as Default



USAA number: 057844926

Family Members

-  Please note: Not all family member's USAA numbers are displayed for privacy reasons. Family members have view or update access to your USAA accounts and policies if you previously requested it.

[Report loss of a loved one](#)



Family

[Add >](#)

Samara Fernanda Da Silva Bueno
Spouse
060279075

Anything on the horizon?

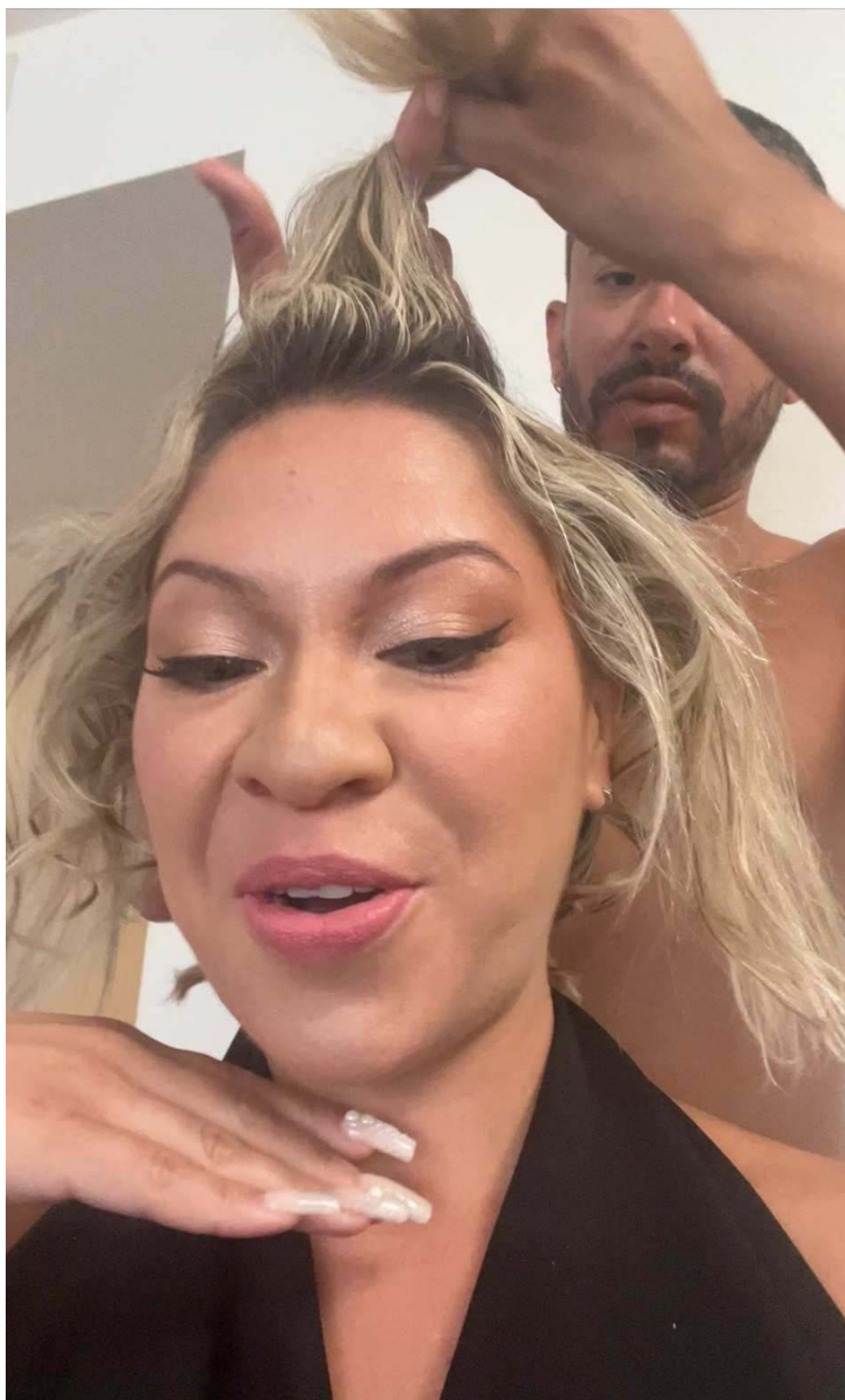
[Became a parent](#)

About Me

-  For security reasons, not all information can be updated online. Please call us if you need assistance [800-531-USA \(8722\)](tel:800-531-USA)



Getting ready to get married - 07/09/2024











Getting Married - 07/09/2024

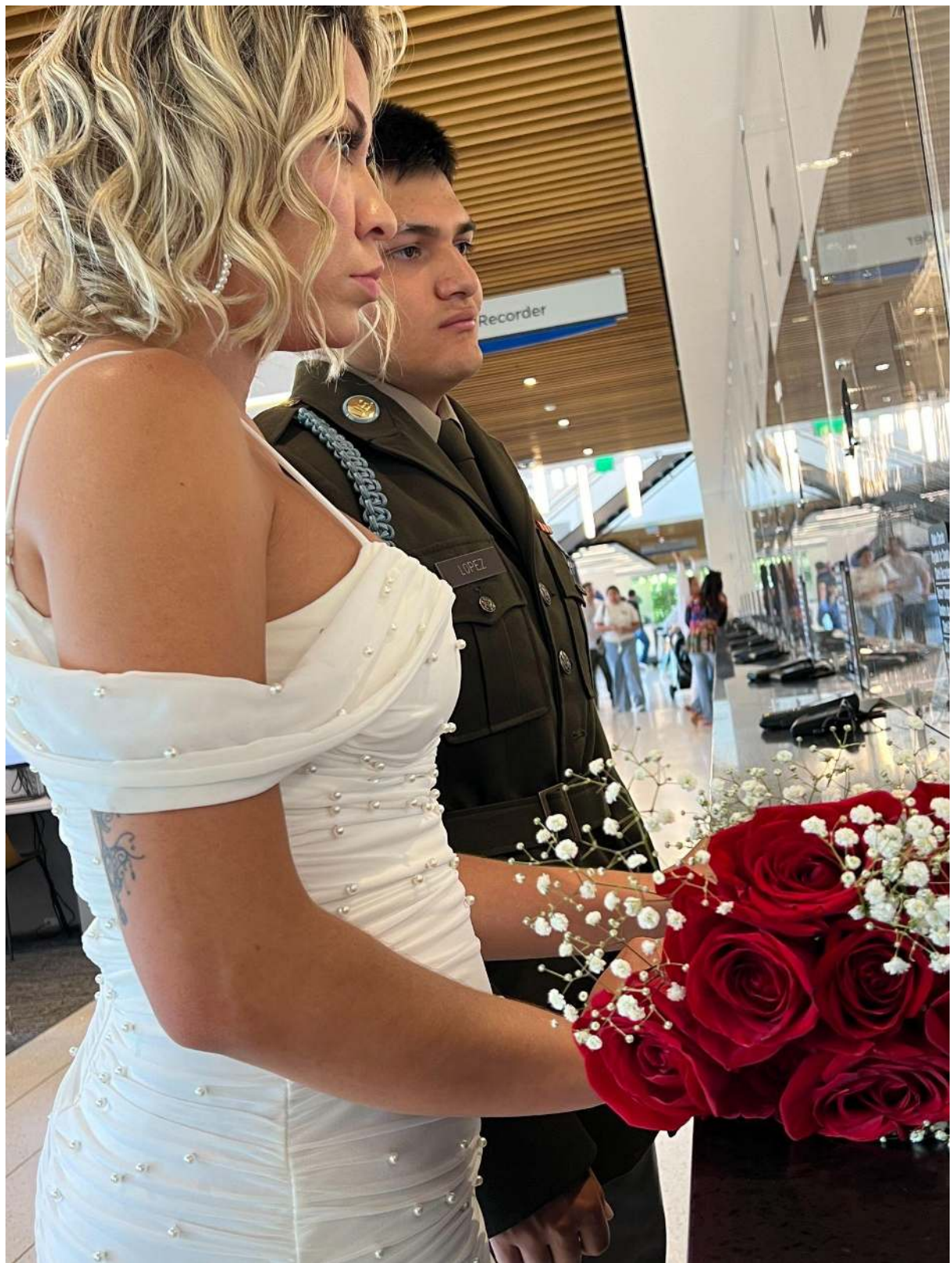


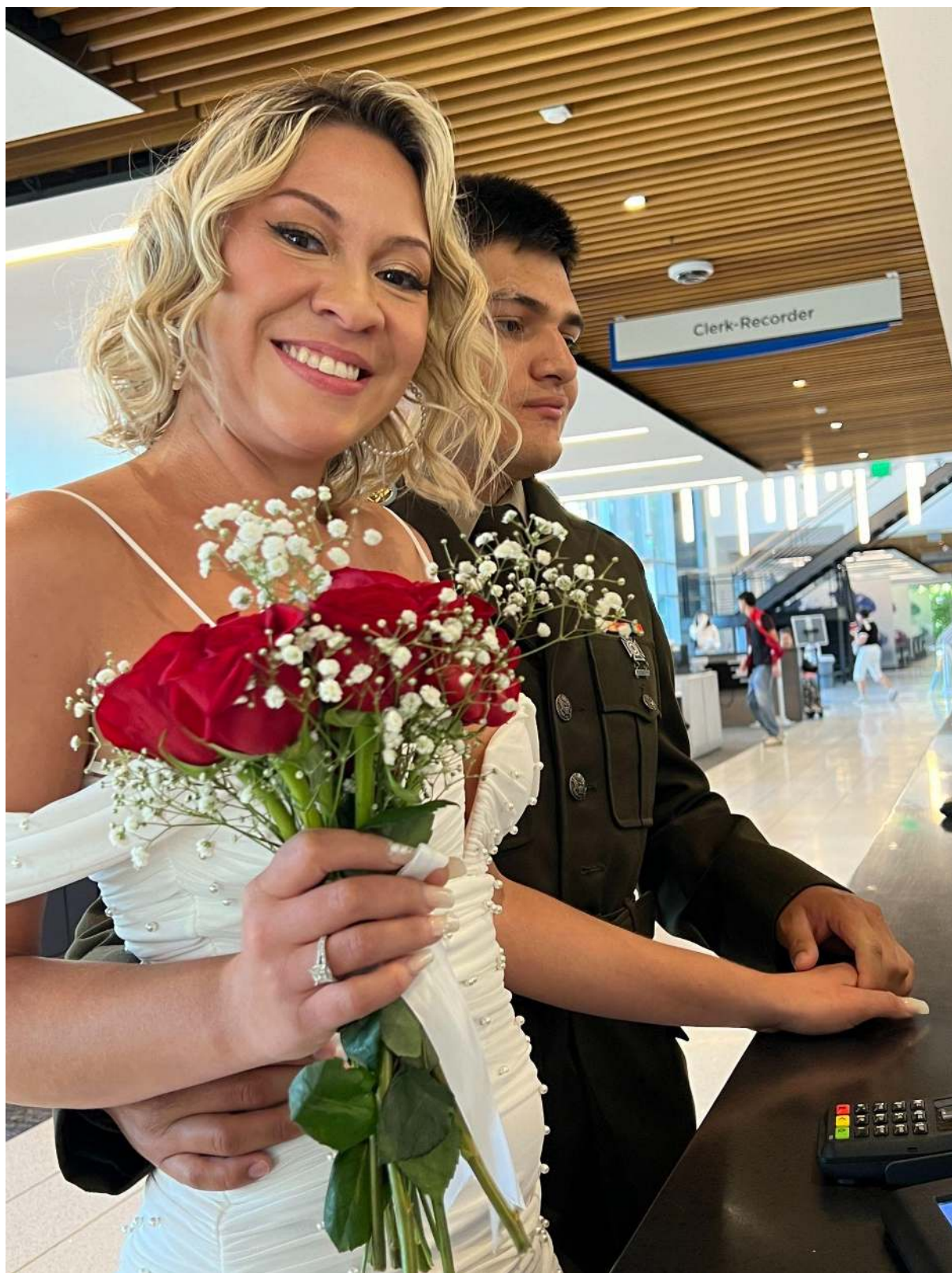


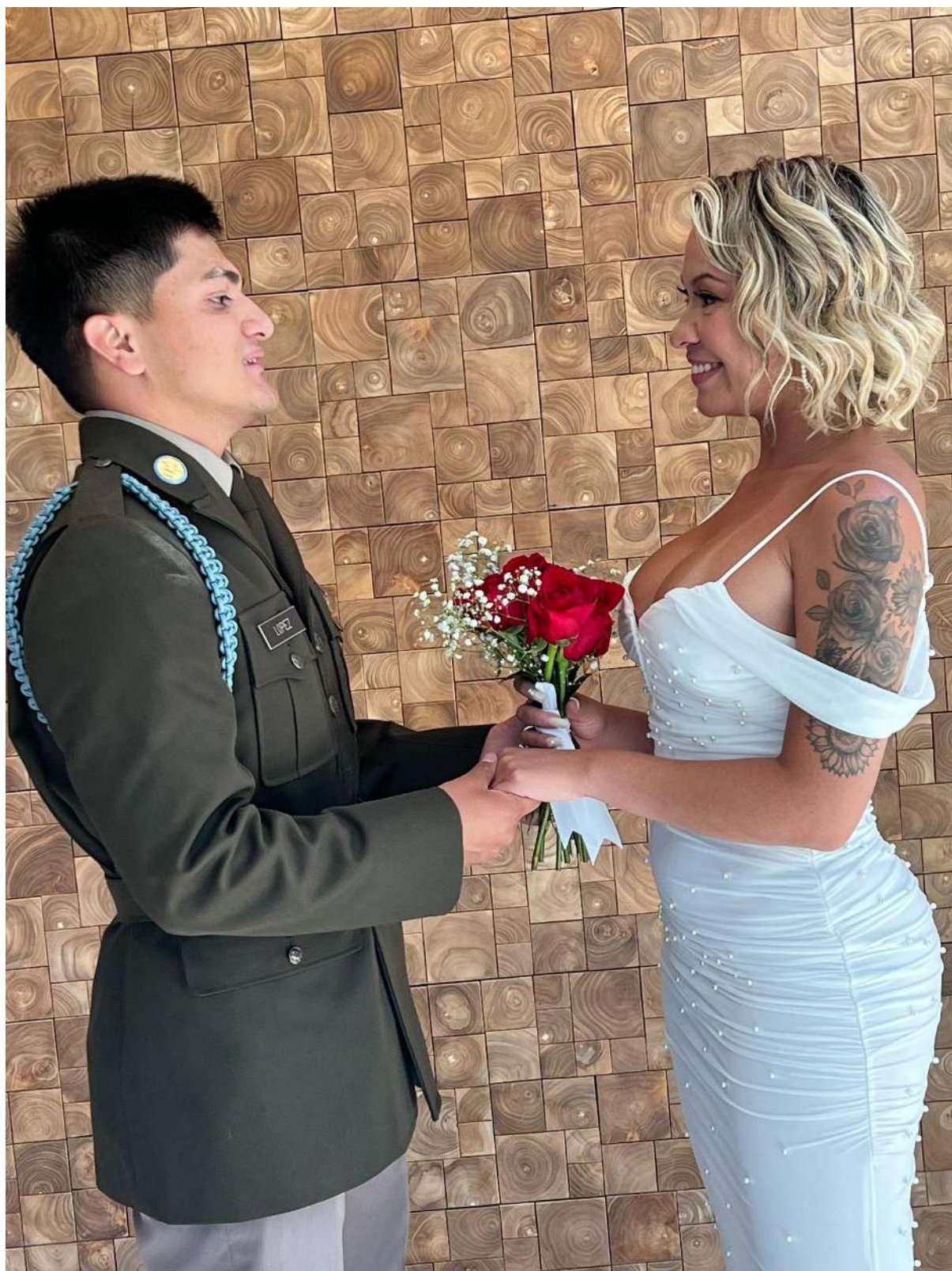


















Marriage Celebration - 07/09/2024





















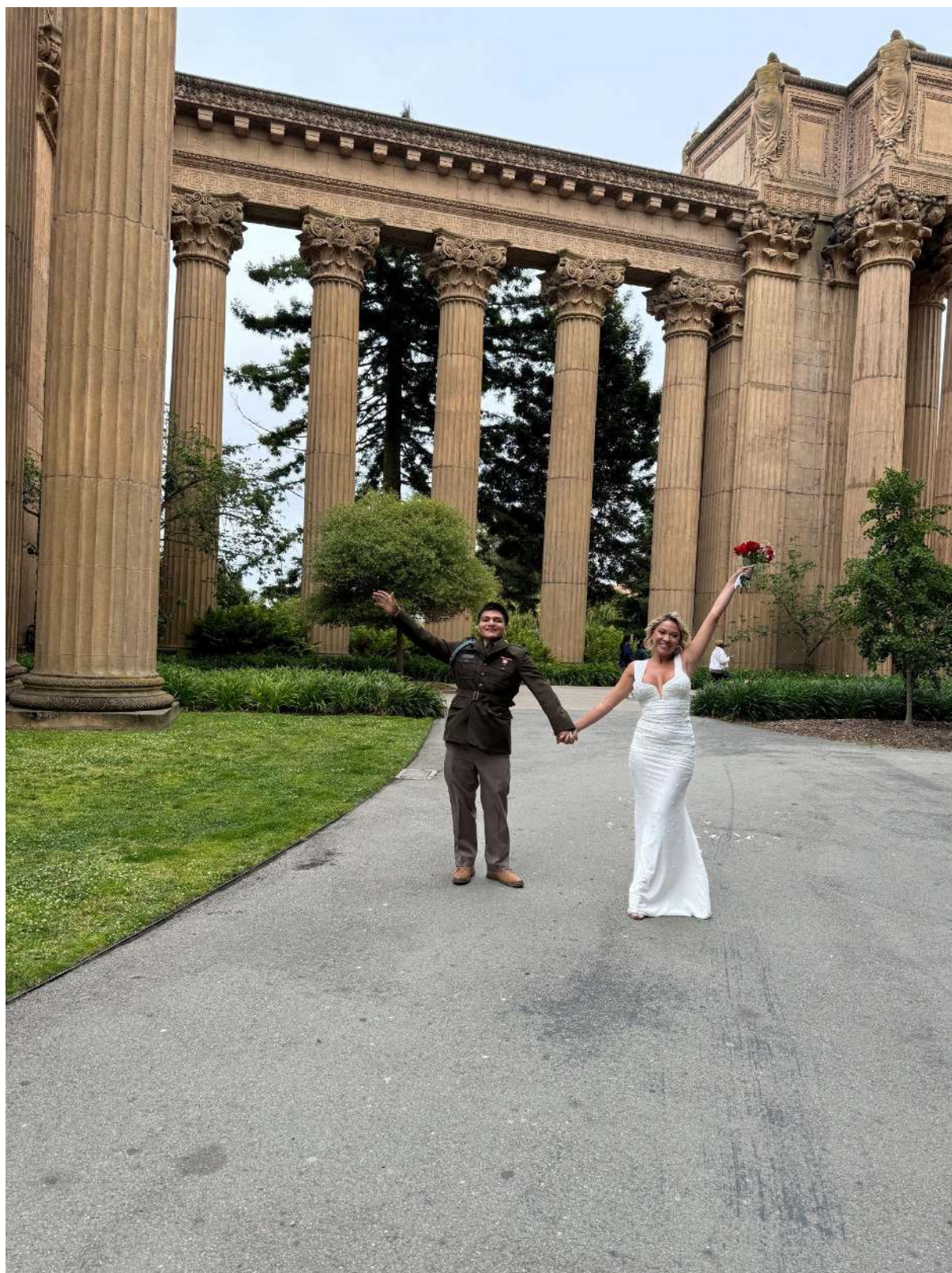








Palace of Fine Arts in San Francisco - 07/09/2024







After Marriage 07/10/2024



Exploring San Francisco - 07/10/2024













Exploring San Francisco - 07/11/2025





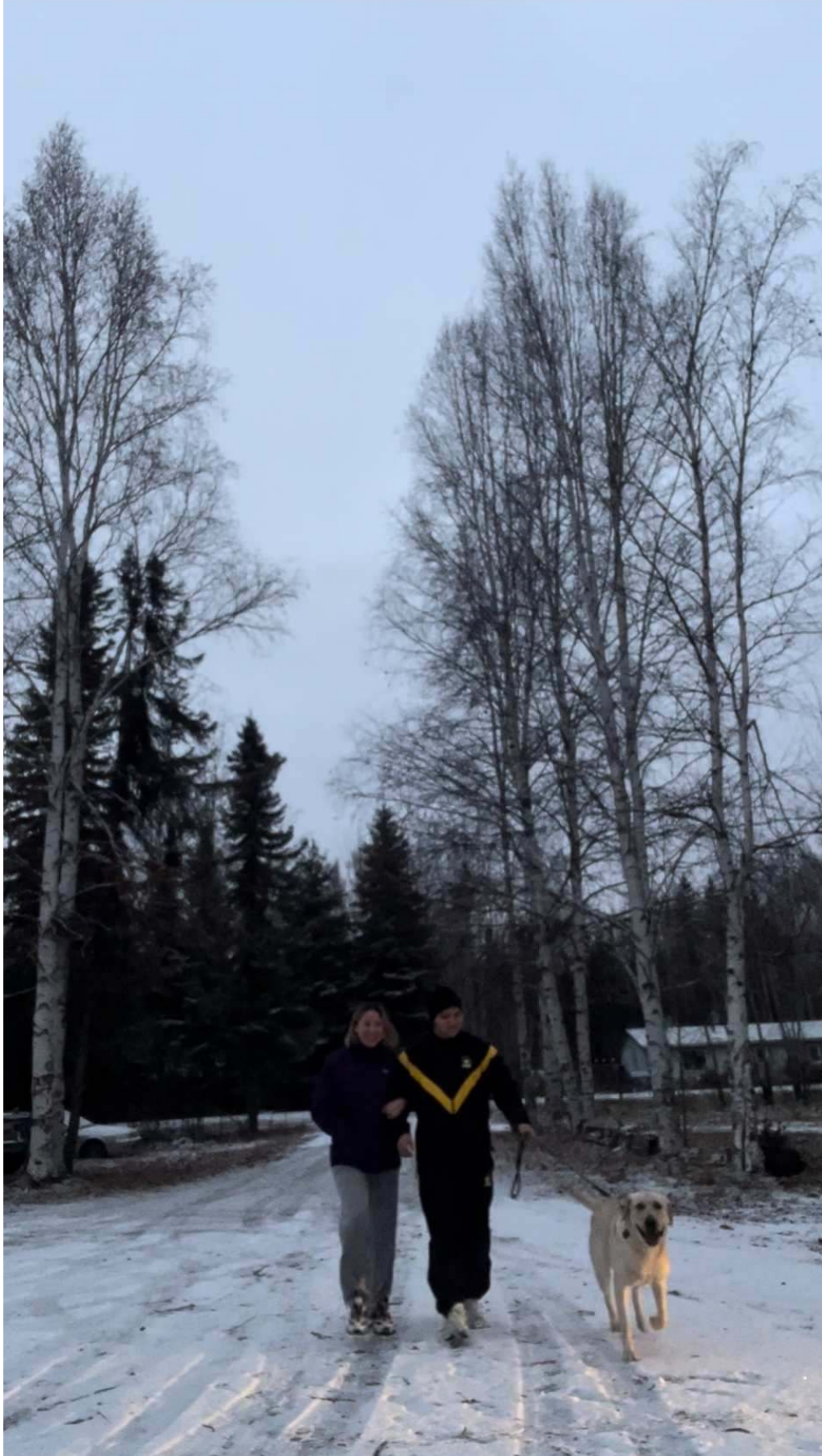
First week in Alaska - 10/14/2024



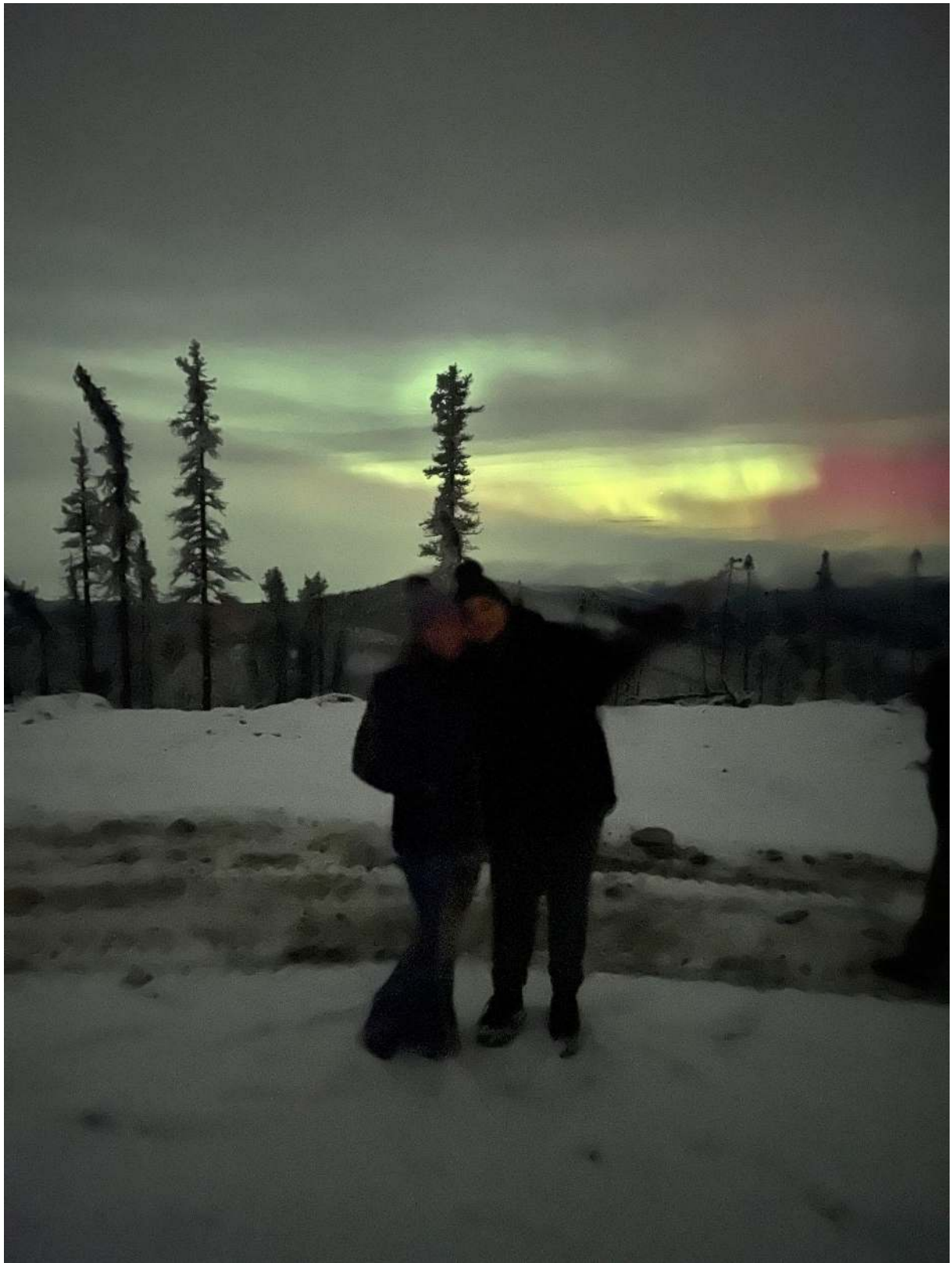


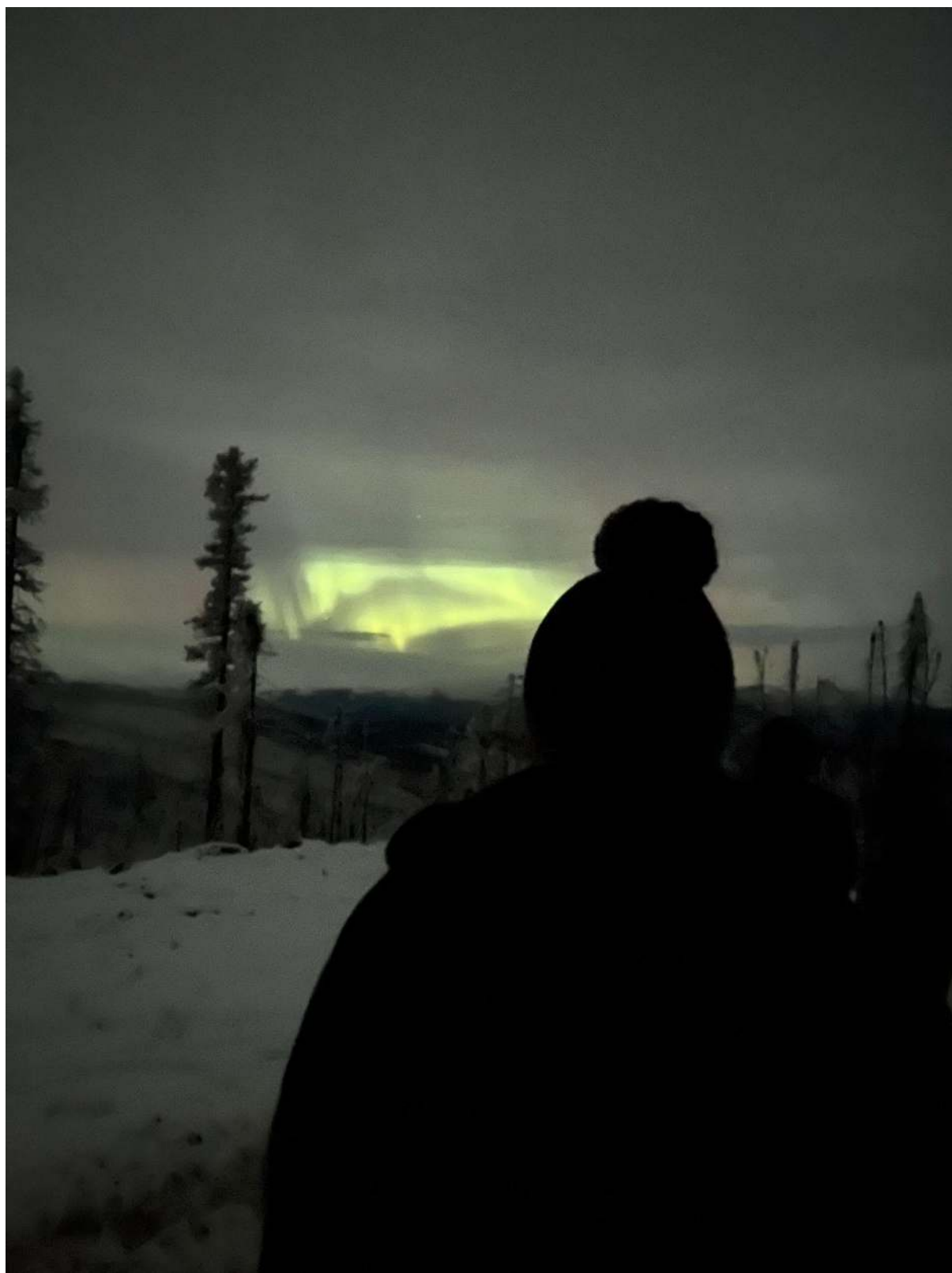


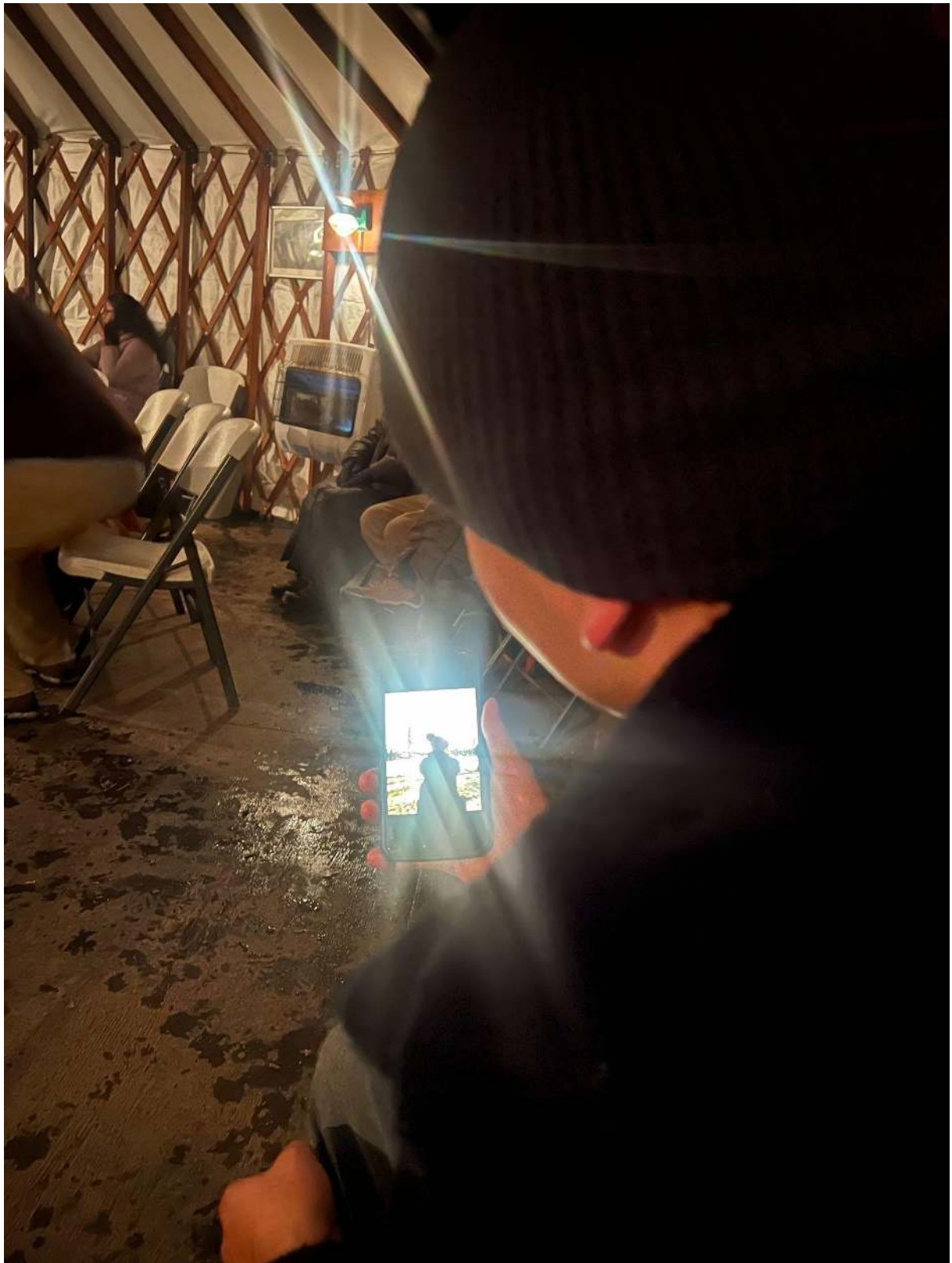
Walking with out Neighbor's Dog















Halloween - October 2024









Mauricio's Birthday - 11/08/2024









Christmas Week - 2024



Cooking Breakfast - February, 2025



March, 2025





Moments together





April, 2025



Mauricio's Cousin visiting Samara after Surgeries - 07/03/2025



Best man's house on 4th of July - 07/04/2020



12:11



Babe ❤️ >

Read 9/27/23

Today 12:00 PM

Babe, Good morning! Hope you know that today is a very special day for us and many more to come. HAPPY FIRST ANNIVERSARY been a wonderful journey with you by my side. All I can ask for is for you to recover and get better. I'm calling you this afternoon I don't want to wake you up especially now that you are recovering. Love you ❤️ ❤️ ❤️

Hi meu amor how is your day going? How can I forget about? A year ago we decided to share our life together and I'm so glad to have you by my side and I hope that this day repeat for many and many year for us celebrate our happiness together. I can't wait to see you. I'm doing well just a little pain in the morning but I already take my medications. Call me when you are free I can't wait to hear your voice. LINDO ! Te amo para sempre 😊❤️

Delivered



iMessage



**Exhibit 8 - Evidence
of Bona Fide
Marriage: Affidavits
of Support**

Declaration in support of Mauricio Lopez

Dear Immigration Officer. I, Beatriz Velazquez Bailon, declare and solemnly state the following:

- I currently reside at 128 Lechuza, Celaya, GTO, 38034
- My phone number is + 52 (461) 354-0372
- My e-mail is betivelazquez35@gmail.com
- I was born on 07/14/1985 in Celaya Guanajuato, Mexico
- I've known Samara Fernanda da Silva Bueno since February 2024, and Mauricio Lopez is my son.

I'm Beatriz Velázquez Bailón, Mauricio's mother. I'd like to share my deep gratitude to Samana Fernanda, and for the love, kindness, and strength that she gives to my son's life and our family. From the very moment I met her, I could appreciate the warmth in her heart. She is not only a wonderful wife for my son, but also an extraordinary person who brightens the lives of everybody around her. Her patience, understanding, and unconditional support for Mauricio are qualities I deeply admire. She gets along gracefully and kindly, always prioritizing family, and doing that, everybody feels loved and valued. I've seen how she is by my son's side in the ups and downs of life, offering him laughter and infinite love.

I have an excellent relationship with my son, as I raised him and his two siblings as a single mother. He calls me at least twice, or even four times when he is not working. We share stories and talk about our problems. One day, I think by the end of December 2023, he mentioned a special girl he had met; he commented that he had met Samara in October through a friend who works with him in Alaska. He also commented that Samara was a very mature and sweet woman. I had never heard my son talk the way he talks about Samara. As a mother, I told him that he was mature enough to know who the right woman for him was. We kept talking as usual, he even told me stories from work. I had the honor to see and talk to Samara, as my son wanted to introduce her to us, this happened in February 2024 in a group call. Just by talking to Samara I could tell that she is a very kind, loving, and understanding woman.

As a mother-in-law, I couldn't ask for a better wife for my son. She has a generous spirit, a loving heart, and a strength that inspires everyone around her. I could notice these strengths every time I talk to my son during video calls. I'm very grateful for my son having met a partner who really supports and loves him. She is a blessing for all of us, and I will be forever thankful for the joy she brings into my son's life.

I declare under the penalty of perjury that the above is true and correct.

Date: *05/04/2025*

Signature: *Beatriz V. B.*

..../Seal of the United Mexican States/....	MEXICO	NATIONAL ELECTORAL INSTITUTE		
		VOTER ID		
		NAME	DATE OF BIRTH	
		VELAZQUEZ BAILON BEATRIZ	07/14/1985	
		ADDRESS	SEX: F	
		C LECHUZA 128 COL CUAUHEMOC 38080 CELAYA, GTO.		
		VOTER KEY VLBLBT85071411M500		
		CURP (UNIQUE POPULATION REGISTRY CODE) VEBB850714MGTLLT08		REGISTRATION YEAR 2004 02
		STATE 11		
CITY 0001			ISSUE DATE 2017	EXPIRATION DATE 2027

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: December 18, 2025.

Declaración jurada en apoyo de Mauricio Lopez

Estimado Oficial de Inmigración yo, Beatriz Velazquez Bailon, declaro y afirmo solemnemente a continuación:

- Actualmente resido en 128 Lechuza, Celaya, GTO, 38034
- Mi número telefónico es +52 (461) 354-0372
- Mi correo electrónico es betivelazquez35@gmail.com
- Nací el 07/14/1985, en Celaya Guanajuato, México
- Conozco a Samara Fernanda da Silva Bueno desde Febrero de 2024 y Mauricio Lopez es mi hijo.

Soy Beatriz Velázquez Bailón, madre de Mauricio. Quería compartir mi profunda gratitud por Samara Fernanda y el amor, la bondad y la fortaleza que aporta a la vida de mi hijo y a nuestra familia. Desde el momento en que la conocí pude apreciar la calidez de su corazón. No solo es una esposa maravillosa para mi hijo, sino una persona extraordinaria que ilumina la vida de quienes la rodean. Su paciencia, comprensión y apoyo incondicional a Mauricio son cualidades que admiro profundamente. Se desenvuelve con gran gracia y bondad, siempre priorizando a la familia y haciendo que todos se sientan amados y valorados. He visto como ella acompaña a mi hijo en altibajos de la vida ofreciendo risas y un amor infinito.

Tengo una excelente relación con mi hijo ya que lo crié a él y sus dos hermanos como madre soltera. Me llama al menos dos veces, o incluso cuatro veces cuando no trabaja. Compartimos historias y hablamos de nuestros problemas. Un día creo que a finales de diciembre 2023, mencionó a una chica especial que había conocido; comentó que conoció a Samara en octubre a través de un amigo que trabaja con él en Alaska. También comentó que Samara era una mujer muy madura y dulce. Nunca había escuchado a mi hijo expresarse de la manera que se expresa de Samara. Como madre, le comenté que él era lo suficientemente maduro para darse cuenta quien era la mujer adecuada para él. Seguimos hablando como siempre, incluso me contó historias de su trabajo. Tuve el honor de ver y conversar con Samara, ya que mi hijo quería introducirnos, esto sucedió en Febrero de 2024 a través de una llamada en grupo. Con sólo conversar con Samara pude definir que ella es una mujer muy amable, amorosa y comprensiva.

Como suegra, no podría pedir una mejor esposa para mi hijo. Tiene un espíritu generoso, un corazón amoroso y una fuerza que inspira a quienes la rodean. Pude darme cuenta de estas fortalezas de todas las veces que hablo con mi hijo por videollamada. Estoy muy agradecida de que mi hijo haya encontrado a una pareja que realmente lo apoya y lo aprecia. Ella es una bendición para todos nosotros y estaré eternamente agradecida por la alegría que aporta a la vida de mi hijo.

Declaró bajo pena de perjurio que lo anterior es verdadero y correcto.

Fecha: 05/04/2025

Firma: Beatriz V.B.



MEXICO INSTITUTO NACIONAL ELECTORAL
CREDENCIAL PARA VOTAR



NOMBRE
VELAZQUEZ
BAILON
BEATRIZ
DOMICILIO
C LECHUZA 128
COL CUAUHEMOC 38080
CELAYA, GTO.

CLAVE DE ELECTOR VLBLBT85071411M500

CURP VEBB850714MGTLLT08

ESTADO 11

LOCALIDAD 0001

MUNICIPIO 007

EMISIÓN 2017

AÑO DE REGISTRO 2004 02

SECCIÓN 0356

VIGENCIA 2027

FECHA DE NACIMIENTO
14/07/1985

SEXO M



Declaration in Support of Samara Fernanda da Silva Bueno

Dear Immigration Officer,

I, Cristiano Cardoso Gomes, hereby declare and solemnly affirm:

- I currently reside at Park Regency Apartments, 3146 Oak Road, apartment 306, B5 Walnut Creek, CA, 94597
- My phone number is (650)333-1453
- My email address is ccgeua@gmail.com
- I was born on 05/24/1990, in Cachoeiro de Itapemirim, state of Espírito Santo, Brazil.
- I have known Samara Fernanda da Silva Bueno since September 2023, and Mauricio Lopez since October 2023.

I met Samara in September 2023. At that time, I was working as an assistant at a hair salon in San Francisco.

Samara had scheduled an appointment to have her hair done and seemed very happy and excited about getting ready to celebrate her birthday with a new look. From then on, right there at my workplace, we were able to get to know each other a little better and grew closer with each visit.

After a few meetings at the hair saloon, we made plans to hang out and since then we have become best friends. We have a large Brazilian community around here and since we do not have family in the country, the connections among friends become like family ties.

Samara often mentioned that she felt uncomfortable in certain situations because she did not fully master English. As she had connected with other Brazilians, a long-time friend mentioned a man who was in the military and felt lonely. In this way, she could improve her English, and he could have some company and form a new friendship.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 05/05/2025

Signature: -----// signature -----

As time went on, I noticed that she was becoming increasingly enthusiastic and talking more about the exchanges they were having, how she was learning more English, and how much fun she was having during their online meetings. Samara told me that she had some reservations because of the distance, as a previous long-distance relationship had not worked out when she decided to do an exchange program and move to the United States. However, I noticed that Samara and Maurício were growing closer and closer. She told me that they would have online dinners together and share experiences throughout the week.

After a few months having a virtual relationship with Mauricio, Samara told us that she had decided to move to Alaska. We cried a lot, and even though she was no longer as present in my life here, I was happy that my friend was having a new beginning and happy to know she was with the person she loves.

I spoke with Maurício by video call and told him that, although my English was not good enough to say everything I wanted, he would need to come visit us before Samara moved to Alaska.

And then Maurício and Samara began talking about wedding plans, and when he would come to San Francisco on vacation. I had the opportunity to be by their side that day. I did her hair just as I had on the day we first met, and that strengthened our friendship even more. I was also their best man at the wedding, so I was able to witness the union of these two hearts that love each other deeply. I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 05/05/2025

Signature: -----// signature //-----

California USA DRIVER LICENSE



DL **Y9936485**

EXP **05/24/2028**

LN **CARDOSO GOMES**

FN **CRISTIANO**

3146 OAK RD 306
WALNUT CREEK, CA 94597

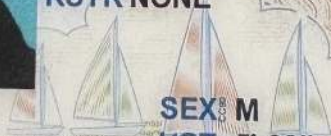
DOB **05/24/1990**

RSTR **NONE**

CLASS C
LIMITED-TERM
END NONE



05241990



SEX **M**

HGT **5'-09"**

HAIR **AUB**

WGT **160 lb**

EYES **BLK**

DD 03/25/202452310/BBFD/28

ISS
03/25/2024

I, Raphael Michels Fantinato de Moura, telephone number [415 425-2508](tel:4154252508), mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura.

Date: December 18, 2025.

Declaração em apoio a Samara Fernanda da Silva Bueno

Caro oficial de imigração,

Eu, Cristiano Cardoso Gomes, declaro e afirmo solenemente:

- Atualmente resido no Park Regency Apartments, 3146 Oak Road, apartment 306, B5 Walnut Creek, CA, 94597
- Meu número de telefone é (650)333-1453
- Meu endereço de e-mail é ccgeua@gmail.com
- Nasci em 05/24/1990, em Cachoeiro de Itapemirim, Espírito Santo.
- Eu conheci ambos Samara Fernanda da Silva Bueno desde setembro de 2023 e Mauricio Lopez desde outubro de 2023.

Eu conheci Samara em setembro de 2023. Eu estava trabalhando como ajudante em um salão de cabeleireiro em São Francisco.

Samara havia agendado para arrumar seu cabelo e mostrava-se muito feliz e animada por estar se preparando para celebrar seu aniversário de cabelos novos e então ali mesmo no meu trabalho podemos nos conhecer um pouco mais e ficarmos mais próximos a cada visita.

Após alguns encontros no salão de cabeleireiro fizemos planos de sairmos juntos e a partir de então nos tornamos melhores amigos. Temos uma grande comunidade brasileira por aqui e como não temos familiares no país as conexões entre os amigos tornassem como se fossemos membros familiares.

Samara sempre comentava que se sentia desconfortável em algumas situações por não dominar o inglês. Como havia se conectado com outros brasileiros, um amigo de longa data comentou sobre um homem que estava no exército e se sentia solitário. Assim, ela poderia melhorar seu inglês, e ele poderia se distrair e fazer uma nova amizade.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto.

Data: 05/05/2025

Assinatura: Cristiano Cardoso Gomes

Com o passar do tempo, percebi que ela estava cada vez mais animada e falando mais sobre as trocas que eles tinham, como estava aprendendo mais inglês e se divertindo nos encontros online. Samara me contou que tinha receio por conta da distancia pois teve um relacionamento anterior, nao havia dado certo à distância, quando decidiu fazer um intercâmbio e se mudar para os Estados Unidos. Mas notei que Samara e Maurício estavam cada vez mais próximos. Ela me contou que eles faziam jantares online e compartilhavam experiências ao longo da semana.

Depois de meses me relacionando virtualmente com Maurício, Samara nos contou que havia decidido se mudar para o Alaska. Choramos muito e, mesmo que ela não estivesse tão presente na minha vida aqui, eu ficava feliz por minha amiga estar tendo um novo começo e feliz por estar com a pessoa que ama.

Conversei com o Mauricio por videochamada e disse que, embora meu inglês não fosse bom o suficiente para dizer tudo, ele teria que vir nos visitar antes que a Samara se mudasse para o Alaska.

E então o Mauricio e a Samara começaram a conversar sobre os planos do casamento quando viria para São Francisco nas férias. Tive a oportunidade de estar ao lado deles naquele dia. Arrumei o cabelo dela como no nosso primeiro encontro, e isso fortaleceu ainda mais a nossa amizade. Também fui padrinho de casamento deles, então pude testemunhar a união desses dois corações que se amam muito.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto.

Data: 05/05/2025

Assinatura: Cristiano Cardoso Gomes

California USA DRIVER LICENSE



DL **Y9936485**

EXP **05/24/2028**

LN **CARDOSO GOMES**

FN **CRISTIANO**

3146 OAK RD 306
WALNUT CREEK, CA 94597

DOB **05/24/1990**

RSTR NONE

CLASS C
LIMITED-TERM
END NONE



05241990

Cristiano

SEX **M**

HGT **5'-09"**

HAIR **AUB**

WGT **160 lb**

EYES **BLK**

DD 03/25/202452310/BBFD/28

ISS
03/25/2024

Declaration in Support of Samara Fernanda da Silva Bueno

Dear Immigration Officer,

I, Luiz Bartow Simões, hereby declare and solemnly affirm:

- I currently reside at 4385 9th Street, Unit R, Fort-Wainwright AK 99703
- My phone number is (530) 410-2988
- My email address is lbartowsimoes68@bethelu.edu
- I was born on 04/27/1996, in Rio de Janeiro, Brazil.
- I have known Samara Fernanda da Silva Bueno since June 2021, and Mauricio Lopez since May 2023.

I have known Samara since June 2021, when I was still living in Redding, 5 hours away from San Francisco, and would visit the city sporadically for some Brazilian events with my wife, Olivia.

We met through mutual friends, and because there was a strong bond between Samara and my wife, we became closer.

Since we did not go to San Francisco very often, we stayed in touch by phone, and almost every month we would talk. When I enlisted and moved to Alaska to serve in the military, calls with friends and family became very important, and among my friends, I also kept in touch with Samara, and we were able to talk about life.

Samara has always been very hardworking and a person of strong character and integrity, a great friend.

In mid-May 2023, I met Mauricio at the base while we were in training. We were part of a four-soldier team. Mauricio was a grenadier, and I became part of his team as the machine gun leader. We worked together for several months and became good friends outside the base as well, spending time together on weekends.

My friend Samara remained in contact with my wife and me, and in some of our conversations, she mentioned her interest in meeting someone with whom she could practice her English. I then thought of my friend Mauricio, who had been at the base a few months longer than I had, and that it might be a good idea for him to have a female friendship to add some variety to his life in Alaska. I therefore connected the two of them in October 2023.

I am very happy to have made the connection between the couple. From the very beginning, I felt that, knowing my friends, they would make a wonderful match, and time has proven that to be true. I am able to witness

their happiness living together, and through my daily contact with Mauricio, I see how much the marriage has been good for him.

I have always been present in the couple's story, and Mauricio always speaks very highly of Samara, just as she is always enthusiastic and grateful that I made the connection between them.

I was not able to be present at their wedding, as I was traveling during my vacation to visit my family in Brazil. However, as soon as my friend Samara moved to Alaska, we had a dinner together, and I was able to witness her happiness being by Mauricio's side. Every time we see or speak to each other, she is smiling and speaking positively about her husband.

They truly make a beautiful couple, and I am very happy about their union.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 04/01/2025

Signature: -----// signature -----

California USA DRIVER LICENSE



DL **F8644377**

EXP **04/27/2027**

LN **BARTOW-SIMOE**

FN **LUIZ A Q**

2211 COLLEGE VIEW DR 740
REDDING, CA 96003

DOB **04/27/1996**

RSTR CORR LENS

CLASS C
LIMITED-TERM
END NONE



04271996

DONOR

SEX **M**

HGT **5'-09"**

HAIR **BLK**

WGT **198 lb**

EYES **BRN**

DD **06/20/202255149/CCFD/27**

ISS

06/20/2022

I, Raphael Michels Fantinato de Moura, telephone number [415 425-2508](tel:4154252508), mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura.

Date: December 18, 2025.

Declaração em apoio a Samara Fernanda da Silva Bueno

Caro oficial de imigração,

Eu, Luiz Bartow Simões, declaro e afirmo solenemente:

- Atualmente resido no 4385 9th Street, Unit R, Fort-Wainwright AK 99703
- Meu número de telefone é (530) 410-2988
- Meu endereço de e-mail é lbartowsimoes68@bethelu.edu
- Nasci em 27/04/1996 no Rio de Janeiro no Brasil.
- Eu conheci ambos, Samara Fernanda da Silva Bueno Junho de 2021 e Mauricio Lopez desde Maio de 2023.

Eu conheço a Samara desde junho de 2021 quando eu ainda morava em Redding a 5 horas de San Francisco e visitava a cidade esporadicamente para alguns eventos brasileiros com minha esposa Olivia.

Nos conhecemos através de amigos em comum e como havia uma grande afinidade entre Samara e minha esposa ficamos mais próximos.

Como não frequentávamos muito San Francisco mantínhamos contato por telefone e quase todos os meses estávamos em ligação. Quando me alistei e fui morar no Alaska para servir o exército as ligações de amigos e familiares se tornam muito importantes e entre meus amigos Samara também mantinha contato e podíamos conversar sobre a vida.

Samara sempre foi muito batalhadora e uma pessoa de caráter e respeito, uma grande amiga.

Em meados de maio de 2023 eu conheci o Maurício na base quando estávamos em treinamento, nós tínhamos uma equipe de 4 soldados. Maurício era um lançador de granadas e eu passei a fazer parte de seu time sendo o líder de metralhadora. Passamos a trabalhar por alguns meses juntos nos tornando bons amigos também fora da base, fazendo outras atividades aos finais de semana.

Minha amiga Samara mantinha contato com minha esposa e comigo, e em algumas de nossas conversas, mencionou seu interesse em conhecer alguém com quem ela pudesse praticar mais inglês e então pensei no meu amigo Maurício que já estava a alguns meses a mais do que eu na base e poderia ser uma boa ideia ter uma amizade feminina para diversificar um pouco sua vida no Alaska. Então fiz a conexão entre os dois em outubro de 2023.

Fico muito feliz em ter feito a conexão entre o casal, desde o princípio eu senti que conhecendo meus amigos eles poderiam formar um belo par e o tempo mostrou isso, eu posso presenciar a

alegria dos mesmos vivendo juntos e diariamente em contato com Maurício, vejo o quanto o casamento lhe fez bem.

Eu sempre estive presente na história do casal e o Maurício sempre fala muito bem da Samara e ela também sempre está entusiasmada e agradecida por eu ter feito a conexão entre eles.

Não pude estar presente quando se casaram, estava viajando nas minhas férias para visitar minha família no Brasil, mas assim que minha amiga Samara se mudou para o Alaska fizemos um jantar e pude presenciar sua felicidade ao estar ao lado de Maurício e sempre que nos vemos ou nos falamos ela está sorridente e falando positivamente do marido.

Eles realmente formam um lindo casal e estou contente diante dessa união.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto.

Data: 01/04/2025

Assinatura: 

California USA DRIVER LICENSE



DL **F8644377**

EXP **04/27/2027**

LN **BARTOW-SIMOES**

FN **LUIZ A Q**

2211 COLLEGE VIEW DR 740
REDDING, CA 96003

DOB **04/27/1996**

RSTR CORR LENS

DONOR

CLASS C
LIMITED-TERM
END NONE



04271996

SEX **M**

HGT **5'-09"**

HAIR **BLK**

WGT **198 lb**

EYES **BRN**

ISS

DD **06/20/2022** 55149/CCFD/27

06/20/2022

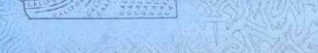


Exhibit 9 - Evidence of Medical Condition and Humanitarian Factors

ERIC TABAS MD INC.

A MEDICAL CORPORATION
OBSTSETRICS & GYNECOLOGY

To whom it may concern,

Samara Fernanda Da Silva Bueno is a patient of mine who had a prolonged hospitalization with septic shock and respiratory failure due to a rupture left tuboovarian abscess combined with purulent peritonitis that required tan exploratory laparotomy, washout and multiple drains and an extended hospitalization from May 30 through June 25, 2025 at California Pacific Davies Medical Center. This appropriately resulted in her having significant feelings of trauma coupled with concerns about confinement and body integrity from this traumatic, but eventually, successful resolution of this health crisis. Unfortunately, on the morning of April 3, 2026 she presented to the Van Ness campus of CPMC with peri umbilical abdominal pain which was diagnosed as acute appendicitis. She was given IV antibiotics and had an uncomplicated laparoscopic appendectomy. She recovered well and was able to be discharged home on April 5th tolerating a regular diet. It has reawakened those sensations of trauma body, integrity, and bodily insults. She still has recurrent thoughts about confinement. She has been able to verbalize those feelings which has helped her therapeutically and improve her sense of well-being. I am still concerned though that any confinement would reawaken those trauma induced feelings and in particular concerns about her mental and physical health.

Eric Tabas MD.



June 8, 2026

ERIC TABAS, M.D.

A MEDICAL CORPORATION OBSTETRICS AND GYNECOLOGY

450 SUTTER STREET, SUITE 1324

SAN FRANCISCO, CA 94108

PHONE: (415) 397-2331

FAX: (415) 397-4225

To: whom it may concern,

Samara Fernanda Da Silva Bueno is a patient of mine who I first met after she was admitted to the California Pacific Medical Center Davies campus on May 31, 2025 with abdominal pain, elevated white blood cell count and tachycardia. It became evident that she had overwhelming sepsis arising from bilateral tubal ovarian abscesses. She underwent surgery and multiple interventional radiology and an extended hospitalization. She was so sick she needed to be intubated and placed in the intensive care unit for extended time period. She was finally able to be discharged on June 25, 2025. At that time she had to undergo speech therapy and counseling from her extended stay as well as the trauma of being confined to a hospital and the slow recovery of abdominal pain. I have seen her in follow up on a regular basis. She has become more comfortable with her body, recognizing that it is healing and she is progressively able to resume normal activities, but still has fears of confinement and difficulties with physical examinations and body image concerns, which brings back her feelings of being confined and the bodily intrusions from surgery and the multiple procedures and examinations that were performed during her hospitalization. She intellectually understands the value of those interventions, but still has difficulty with tolerating them. I have been seeing her on a regular basis in effort to enable her to have developed some control and the ability to tolerate pelvic exams and radiological procedures, which she is beginning to tolerate well now six months after hospitalization. She has finally, as of January 2026 been able to tolerate sexual intimacy to a limited degree. I'm confident with continued care and the passage of time and support she'll be able to enjoy sexual intimacy. She has begun to develop confidence that her body works well and is healing from her disease. She still expresses and acknowledges that any confinement reawakens her feelings of the trauma that she experienced. She has been able to talk to friends and professionals about it. She has a good prognosis as she has made significant progress over these last couple of months. She has not needed any medication and has declined medication for anxiety. Although she did need medication for gastritis related to her stress shortly after her discharge from the hospital. I will continue to see her every two months, as she moves farther away from the hospitalization and develops further confidence about her health and the integrity of her body. I am though still concerned that any confinement would re-awaken those trauma induced feelings and concerns about her health physically and mentally.

Eric Tabas, M.D.

Date: 3/2/2026

Signature: 



For billing inquiries, please contact us at 855-398-1633.
Office hours Monday through Friday 7:00 AM to 5:00 PM.
You may email us at S3ContactCenterCBO@sutterhealth.org.

Services Provided at:
Cpmc Davies Campus
PO BOX 278450
Sacramento, CA 95827-8450

Patient Name	Patient Account #
Da Silva Bueno, Samara Fernanda	413049552

Date of Bill	Admit Date	Discharge Date
10/06/25	05/30/25	06/25/25

Insurance Company
PGBA - Tricare West

Samara Fernanda Da Silva Bueno
45 Via Belardo apt 4
Greenbrae, CA 94904-2236

Charges

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
05/30/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
05/30/2025	0250	J2270	81000008	MORPHINE PF 4MG/ML SOLN	1	90.00
05/30/2025	0250	J2405	81000008	ONDANSETRON 2MG/ML SOLN	4	75.00
05/30/2025	0250	J2765	81000008	METOCLOPRAMIDE 5MG/ML SOLN	1	75.00
05/30/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08
05/30/2025	0258	J7120	82000000	LACTATED RINGERS (FOR BOLUS ONLY)	2	10.00
05/30/2025	0258	J7120	82000000	LACTATED RINGERS (FOR BOLUS ONLY)	1	10.00
05/30/2025	0260	96361	52000002	HCHG INFUSION HYDRATION EA ADDL HR	2	960.00
05/30/2025	0260	96361	52000002	HCHG INFUSION HYDRATION EA ADDL HR	1	480.00
05/30/2025	0260	96365	52000003	HCHG INFUSION INITIAL W/MED UP TO 1 HR	1	1,184.00
05/30/2025	0260	96375	52000025	HCHG INJECTION IVP ADDL SEQ NEW DRG	3	1,401.00
05/30/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
05/30/2025	0301	80307	43000089	HCHG DRUG SCREEN CLASS LIST A	1	717.00
05/30/2025	0301	83605	42100287	HCHG LACTIC ACID PLASMA	1	317.00
05/30/2025	0301	83690	42100301	HCHG LIPASE	1	260.00
05/30/2025	0301	84702	42100497	HCHG BETA HCG QUANTITATIVE	1	382.00
05/30/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	195.00
05/30/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	195.00
05/30/2025	0306	87040	40900326	HCHG CORE CULT BLD BACTERIA	1	460.00
05/30/2025	0306	87491	40900130	HCHG CORE CHLAMYDIA TRACH AMP PRB	1	241.00
05/30/2025	0306	87591	40900131	HCHG CORE GC AMP PRB	1	255.00
05/30/2025	0307	81001	47000001	HCHG URINALYSIS AUTOMATED W/ MICROSCOPIC EXAM	1	132.00
05/30/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00
05/30/2025	0402	76830	30100039	HCHG US TRANSVAGINAL NON-OB	1	1,256.00
05/30/2025	0402	76856	30100041	HCHG US PELVIC COMPLETE NON-OB	1	1,450.00
05/30/2025	0450	99285	55000037	HCHG ED LEVEL 5 W/PROC	1	7,239.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
05/30/2025	0921	93975	30200018	HCHG NI DUPLEX ABDOMEN	1	3,035.00
				PELVIS COMPLETE		
05/31/2025	0121	99999	10000003	HCHG ROOM MED/SURG/GYN	1	4,819.00
05/31/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
05/31/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
05/31/2025	0250		81000000	POLYETHYLENE GLYCOL 17 G	1	2.00
				PACK		
05/31/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
05/31/2025	0250		81000000	SENNOSIDES 8.6MG TABS	1	2.00
05/31/2025	0250		81000000	CALCIUM CARBONATE 500MG	1	2.00
				CHEW		
05/31/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	10	90.00
05/31/2025	0250	J1885	81000008	KETOROLAC 15MG/ML SOLN	1	75.00
05/31/2025	0250	J1885	81000008	KETOROLAC 15MG/ML SOLN	1	75.00
05/31/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
05/31/2025	0258	J7120	82000000	LACTATED RINGERS SOLN	1	10.00
05/31/2025	0258	J7120	82000000	LACTATED RINGERS SOLN	1	10.00
05/31/2025	0260	96375	52000025	HCHG INJECTION IVP ADDL SEQ	1	467.00
				NEW DRG		
05/31/2025	0260	96375	52000025	HCHG INJECTION IVP ADDL SEQ	1	467.00
				NEW DRG		
05/31/2025	0301	80053	42000004	HCHG COMPREHENSIVE	1	433.00
				METABOLIC PANEL		
05/31/2025	0301	80074	40950093	HCHG CORE HEPATITIS PNL	1	377.00
				ACUTE		
05/31/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/	1	195.00
				AUTOMATED DIFFERENTIAL		
05/31/2025	0305	85027	43000010	HCHG CBC AUTOMATED	1	173.00
05/31/2025	0306	87040	40900326	HCHG CORE CULT BLD BACTERIA	1	460.00
05/31/2025	0306	87040	40900326	HCHG CORE CULT BLD BACTERIA	1	460.00
05/31/2025	0306	87086	40900269	HCHG CORE CULT UR COLONY CT	1	217.00
				ONLY		
05/31/2025	0762	G0378	10100005	HCHG OBS PER HOUR	1	268.00
05/31/2025	0762	G0378	10100005	HCHG OBS PER HOUR	14	3,752.00
05/31/2025	0940	96376	52000038	HCHG IVP SAME DRG EACH ADD	1	433.00
				(ELAPSED TIME >30M)		
06/01/2025	0121	99999	10000003	HCHG ROOM MED/SURG/GYN	1	4,819.00
06/01/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/01/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/01/2025	0250		81000000	POLYETHYLENE GLYCOL 17 G	1	2.00
				PACK		
06/01/2025	0250		81000000	CALCIUM CARBONATE 500MG	1	2.00
				CHEW		
06/01/2025	0250		81000000	CALCIUM CARBONATE 500MG	1	2.00
				CHEW		
06/01/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/01/2025	0250		81000000	CALCIUM CARBONATE 500MG	1	2.00
				CHEW		
06/01/2025	0250		81000000	SENNOSIDES 8.6MG TABS	1	2.00
06/01/2025	0250		81000000	CALCIUM CARBONATE 500MG	1	2.00
				CHEW		
06/01/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/01/2025	0250	J1885	81000008	KETOROLAC 15MG/ML SOLN	1	75.00
06/01/2025	0250	J1885	81000008	KETOROLAC 15MG/ML SOLN	1	75.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
06/01/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/01/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/01/2025	0258	J7120	82000000	LACTATED RINGERS SOLN	1	10.00
06/01/2025	0272	C1751	60050024	CATH PICC 5FR TRPL LMN	1	2,401.60
06/01/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/01/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	195.00
06/02/2025	0206		10000097	HCHG ROOM TELEMTRY	1	6,265.00
06/02/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/02/2025	0250		81000000	POLYETHYLENE GLYCOL 17 G PACK	1	2.00
06/02/2025	0250		81000000	CALCIUM CARBONATE 500MG CHEW	1	2.00
06/02/2025	0250		81000000	CALCIUM CARBONATE 500MG CHEW	1	2.00
06/02/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	288.60
06/02/2025	0250	J0780	81000008	PROCHLORPERAZINE 10MG/2ML SOLN	1	75.00
06/02/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/02/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/02/2025	0250	J1836	81000008	METRONIDAZOLE 500MG/100ML SOLN	50	75.00
06/02/2025	0250	J1836	81000008	METRONIDAZOLE 500MG/100ML SOLN	50	75.00
06/02/2025	0250	J2060	81000008	LORAZEPAM 2MG/ML SOLN	1	90.00
06/02/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/02/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/02/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/02/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/02/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08
06/02/2025	0258	J7030	82000000	NACL 0.9% SOLN	1	10.00
06/02/2025	0258	J7030	82000000	NACL 0.9% (FOR BOLUS ONLY)	1	10.00
06/02/2025	0258	J7030	82000000	NACL 0.9% (FOR BOLUS ONLY)	1	10.00
06/02/2025	0258	J7030	82000000	NACL 0.9% SOLN	1	10.00
06/02/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/02/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/02/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	208.00
06/02/2025	0301	82570	42100137	HCHG CREATININE URINE RANDOM	1	119.00
06/02/2025	0301	83605	42100287	HCHG LACTIC ACID PLASMA	1	317.00
06/02/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/02/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/02/2025	0301	83935	40900296	HCHG CORE OSMOLALITY UR	1	220.00
06/02/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/02/2025	0301	84300	42100433	HCHG SODIUM URINE RANDOM	1	164.00

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Patient Name
Da Silva Bueno, Samara Fernanda

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Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/02/2025	0301	84540	42100470	HCHG UREA NITROGEN URINE RANDOM	1	178.00
06/02/2025	0302	86850	44000000	HCHG ANTIBODY SCREEN	1	250.00
06/02/2025	0302	86900	44000010	HCHG ABO TYPE SEROLOGIC	1	183.00
06/02/2025	0302	86900	44000010	HCHG ABO TYPE SEROLOGIC	1	183.00
06/02/2025	0302	86901	44000011	HCHG RH TYPE SEROLOGIC	1	154.00
06/02/2025	0302	86901	44000011	HCHG RH TYPE SEROLOGIC	1	154.00
06/02/2025	0302	86923	44000041	HCHG CROSS MATCH ELECTRONIC	1	478.00
06/02/2025	0302	86923	44000041	HCHG CROSS MATCH ELECTRONIC	1	478.00
06/02/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	195.00
06/02/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	195.00
06/02/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00
06/02/2025	0402	76705	30100017	HCHG US ABD LTD	1	1,480.00
06/03/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/03/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/03/2025	0250		81000000	KETAMINE 100MG/ML SOLN 5 ML VIAL	1	90.00
06/03/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/03/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/03/2025	0250		81000010	HCHG SEVOFLURANE	1	73.12
06/03/2025	0250		81000011	HCHG DESFLURANE	1	64.92
06/03/2025	0250		81000092	NACL 0.9% FOR IRRIGATION SOLN 1,000 ML FLEX CONT	1	10.00
06/03/2025	0250	J0330	81000008	SUCCINYLCHOLINE 20MG/ML SOLN 10 ML VIAL	10	162.75
06/03/2025	0250	J0613	81000008	CALCIUM GLUCONATE 1G/50ML SOLN	100	165.90
06/03/2025	0250	J0613	81000008	CALCIUM GLUCONATE 1G/50ML SOLN	100	165.90
06/03/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/03/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/03/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/03/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/03/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/03/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/03/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/03/2025	0250	J1836	81000008	METRONIDAZOLE 500MG/100ML SOLN	50	75.00
06/03/2025	0250	J1836	81000008	METRONIDAZOLE 500MG/100ML SOLN	50	75.00
06/03/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	40	75.00
06/03/2025	0250	J2060	81000008	LORAZEPAM 2MG/ML SOLN	1	90.00
06/03/2025	0250	J2250	81000008	MIDAZOLAM 1 MG/ML SOLN	2	90.00
06/03/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00

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Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/03/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/03/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/03/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/03/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/03/2025	0250	J2704	81000008	PROPOFOL 200MG/20ML EMUL	10	75.00
06/03/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/03/2025	0250	J3010	81000008	FENTANYL PF 250MCG/5ML SOLN	1	90.00
06/03/2025	0250	J3370	81000008	VANCOMYCIN 1G/200ML SOLN	2	210.60
06/03/2025	0250	J3370	81000008	VANCOMYCIN 1G/200ML SOLN	2	210.60
06/03/2025	0250	J3490	81000008	ROCURIUM 10MG/ML SOLN 5 ML VIAL	1	75.00
06/03/2025	0250	P9041	81000008	ALBUMIN HUMAN 5% SOLN	10	864.00
06/03/2025	0258		82000001	PLASMA-LYTE A SOLN	1	140.00
06/03/2025	0258	J7030	82000000	NACL 0.9% (FOR BOLUS ONLY)	1	10.00
06/03/2025	0258	J7120	82000000	LACTATED RINGERS SOLN	2	10.00
06/03/2025	0258	J7799	82000000	D5W - NACL 0.9% SOLN	2	10.00
06/03/2025	0272		60050153	CUFF DIGITAL PRESSURE SYR	1	196.20
06/03/2025	0272		60050153	TUBE ET ADLT 7.0MM	1	176.05
06/03/2025	0272		60050153	CIRC VENTLR ADLT EVAQUA II	1	295.00
06/03/2025	0272		60050153	FTR EXHALATION DX800	1	120.53
06/03/2025	0272		60050153	CATH SUC CLD W/ T PIECE 14FR	1	117.79
06/03/2025	0272		60050153	SUT VIC PLUS 0 CT-1 18IN	2	261.60
06/03/2025	0272		60050153	STPLR SKIN ABSORBABLE	1	504.58
06/03/2025	0272		60050153	PNCL PUSH BUTN SW STRL COTD	1	234.70
06/03/2025	0272		60050153	KIT HMSTT SURGIFLO GELATIN 8ML	3	3,843.24
06/03/2025	0272		60050153	SUT V-LOC 180 0 GS-21 60CM GRN	1	523.20
06/03/2025	0272		60050153	ELECT BLE TIP EDGE COTD 2.75IN	1	33.75
06/03/2025	0272	C1729	60050154	NDL YUEH 5FR 19GA 15CM PGTL	1	424.90
06/03/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/03/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/03/2025	0301	82042	42100007	HCHG ALBUMIN OTHER SOURCE QN EA	1	129.00
06/03/2025	0301	82150	42100041	HCHG AMYLASE FLUID	1	208.00
06/03/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	208.00
06/03/2025	0301	82805	42100188	HCHG BLOOD GASES W/02 SATURATION	1	769.00
06/03/2025	0301	82945	42100194	HCHG GLUCOSE FLUID	1	176.00
06/03/2025	0301	83605	42100287	HCHG LACTIC ACID PLASMA	1	317.00
06/03/2025	0301	83615	42100290	HCHG LDH FLUID	1	152.00
06/03/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/03/2025	0301	83986	42100367	HCHG PH FLUID	1	109.00
06/03/2025	0301	84157	42100403	HCHG PROTEIN TOTAL FLUID	1	208.00
06/03/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	195.00
06/03/2025	0305	85027	43000010	HCHG CBC AUTOMATED	1	173.00
06/03/2025	0305	85610	43000070	HCHG PROTHROMBIN TIME	1	139.00
06/03/2025	0306	87015	40950113	HCHG CORE SPEC CONCENTRATION	1	130.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/03/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/03/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/03/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/03/2025	0306	87075	40900324	HCHG CORE CULT BACT ANAEROBIC	1	250.00
06/03/2025	0306	87075	40900324	HCHG CORE CULT BACT ANAEROBIC	1	255.00
06/03/2025	0306	87075	40900324	HCHG CORE CULT BACT ANAEROBIC	1	255.00
06/03/2025	0306	87077	40950014	HCHG CORE CULT BACT AEROBIC ID	1	181.00
06/03/2025	0306	87077	40950014	HCHG CORE CULT BACT AEROBIC ID	1	181.00
06/03/2025	0306	87077	40950014	HCHG CORE CULT BACT AEROBIC ID	1	181.00
06/03/2025	0306	87102	40950110	HCHG CORE CULT FUNGUS OTHER SOURCE	1	183.00
06/03/2025	0306	87116	40900104	HCHG CORE AFB CULT	1	240.00
06/03/2025	0306	87184	40950112	HCHG CORE SUSCEPT KB DISK ≤12	1	107.00
06/03/2025	0306	87186	40950016	HCHG CORE SUSCEPT MIC PER PLATE	1	283.00
06/03/2025	0306	87186	40950016	HCHG CORE SUSCEPT MIC PER PLATE	1	283.00
06/03/2025	0306	87205	40900243	HCHG CORE SMR GRAM STAIN	1	146.00
06/03/2025	0306	87205	40900243	HCHG CORE SMR GRAM STAIN	1	146.00
06/03/2025	0306	87205	46000088	HCHG SMEAR GRAM STAIN	1	143.00
06/03/2025	0306	87205	46000088	HCHG SMEAR GRAM STAIN	1	143.00
06/03/2025	0306	87206	40900215	HCHG CORE SMR FLUOR + OR ACID FAST	1	154.00
06/03/2025	0306	87206	40900242	HCHG CORE SMR AFB STAIN	1	154.00
06/03/2025	0306	87641	40900175	HCHG CORE MR STAPH DNA AMP PROBE	1	470.00
06/03/2025	0309	89051	47100005	HCHG CELL COUNT FLUID W/ DIFF	1	270.00
06/03/2025	0310	88342	48300068	HCHG IMMUNOHISTO AB STAIN INITIAL SINGLE AB	1	265.00
06/03/2025	0312	88304	42100831	HCHG SURG PATH LVL III	1	185.00
06/03/2025	0312	88304	42100831	HCHG SURG PATH LVL III	-1	(185.00)
06/03/2025	0312	88305	42100832	HCHG CYTO CL BLK 5 CNT/1 KARY	1	281.00
06/03/2025	0312	88312	41200067	HCHG REF SPECIAL STAIN I&R GROUP I MICROORGANISM	3	519.00
06/03/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/03/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/03/2025	0360		20000009	HCHG SURG LVL 3 ADDL 15 MIN	6	14,862.00
06/03/2025	0360		20000010	HCHG SURG LVL 3 FIRST 30 MIN	1	7,505.00
06/03/2025	0361	49083	30045727	HCHG ABD PARACENTESIS W/IMAGING	1	3,727.00
06/03/2025	0370		20500021	HCHG STANDARD GENERAL ANESTHESIA 3 HOURS OR LESS	1	2,907.00
06/03/2025	0410	94002	33000002	HCHG VENT MANAGEMENT INITIAL ADULT	1	5,616.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/03/2025	0483	93306	32000074	HCHG CA TTE W/DOPPLER COMPLETE	1	3,670.00
06/04/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/04/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/04/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN	1	15.00
06/04/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/04/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/04/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/04/2025	0250		81000010	HCHG SEVOFLURANE	1	73.12
06/04/2025	0250		81000092	NACL 0.9% FOR IRRIGATION SOLN 3,000 ML PLAS CONT	1	10.00
06/04/2025	0250	J0613	81000008	CALCIUM GLUCONATE 1G/50ML SOLN	100	165.90
06/04/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/04/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/04/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/04/2025	0250	J1308	81000008	FAMOTIDINE 20MG/2ML SOLN	80	75.00
06/04/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/04/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/04/2025	0250	J2250	81000008	MIDAZOLAM 1 MG/ML SOLN	5	90.00
06/04/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/04/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/04/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/04/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/04/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/04/2025	0250	J2704	81000008	PROPOFOL 1000MG/100ML EMUL	100	234.00
06/04/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/04/2025	0250	J2704	81000008	PROPOFOL 500MG/50ML EMUL	21	75.00
06/04/2025	0250	J2704	81000008	PROPOFOL 200MG/20ML EMUL	5	75.00
06/04/2025	0250	J3010	81000008	FENTANYL PF 250MCG/5ML SOLN	2	90.00
06/04/2025	0250	J3370	81000008	VANCOMYCIN 1G/200ML SOLN	2	210.60
06/04/2025	0250	J3370	81000008	VANCOMYCIN 1,250MG/250ML SOLN	3	355.88
06/04/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 20MEQ/100ML SOLN	10	75.00
06/04/2025	0250	J3490	81000008	NOREPINEPHRINE 32MCG/ML	1	238.88
06/04/2025	0258	J7120	82000000	LACTATED RINGERS SOLN	1	10.00
06/04/2025	0272		60050153	SEAL SET HYSTEROSCOPE SNGL USE	1	100.00
06/04/2025	0272		60050153	SYS FLUENT FLUID MGMT DISP	1	2,333.33
06/04/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/04/2025	0301	80202	42050040	HCHG VANCOMYCIN TROUGH	1	448.00
06/04/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/04/2025	0301	82805	42100188	HCHG BLOOD GASES W/02 SATURATION	1	784.00
06/04/2025	0301	83605	42100287	HCHG LACTIC ACID PLASMA	1	317.00
06/04/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/04/2025	0301	83880	42100325	HCHG NATRIURETIC PEPTIDE	1	589.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/04/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/04/2025	0301	84145	40900473	HCHG CORE PROCALCITONIN (PCT)	1	613.00
06/04/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/04/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/04/2025	0306	87205	40900243	HCHG CORE SMR GRAM STAIN	1	146.00
06/04/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/04/2025	0360		20000005	HCHG SURG LVL 1 ADDL 15 MIN	1	1,548.00
06/04/2025	0360		20000006	HCHG SURG LVL 1 FIRST 30 MIN	1	4,691.00
06/04/2025	0370		20500021	HCHG STANDARD GENERAL ANESTHESIA 3 HOURS OR LESS	1	2,907.00
06/04/2025	0410	94002	33000002	HCHG VENT MANAGEMENT INITIAL ADULT	1	5,616.00
06/04/2025	0710	99999	20600004	HCHG PACU STANDARD LEVEL 2 ADDL 15 MINUTES	6	3,714.00
06/04/2025	0710	99999	20600005	HCHG PACU STANDARD LEVEL 2 FIRST 30 MINUTES	1	1,502.00
06/04/2025	0987	99231	88000004	HCHG APC SUBSEQUENT HOSPITAL CARE LOW	1	145.00
06/05/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/05/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/05/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/05/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/05/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/05/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/05/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/05/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/05/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/05/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/05/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/05/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/05/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/05/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/05/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/05/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/05/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/05/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/05/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/05/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/05/2025	0250	J3370	81000008	VANCOMYCIN 1,250MG/250ML SOLN	3	355.88
06/05/2025	0250	J3370	81000008	VANCOMYCIN 1,250MG/250ML	3	168.84

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/05/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 20MEQ/100ML SOLN	10	75.00
06/05/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 20MEQ/100ML SOLN	10	75.00
06/05/2025	0250	P9041	81000008	ALBUMIN HUMAN 5% SOLN	10	864.00
06/05/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08
06/05/2025	0258	J7799	82000000	D5W - NACL 0.9% SOLN	2	10.00
06/05/2025	0258	J7799	82000000	D5W - NACL 0.9% SOLN	2	10.00
06/05/2025	0272		60050153	CATH SUC CLD W/ T PIECE 14FR	1	117.79
06/05/2025	0272		60050153	CIRC VENTLR ADLT EVAQUA II	1	295.00
06/05/2025	0272		60050153	FTR EXHALATION DX800	1	120.53
06/05/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/05/2025	0301	84478	42100460	HCHG TRIGLYCERIDE	1	157.00
06/05/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/05/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/05/2025	0352	71260	30400029	HCHG CT THORAX DX W/CONTRAST	1	4,974.00
06/05/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00
06/05/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/05/2025	0987	99231	88000004	HCHG APC SUBSEQUENT HOSPITAL CARE LOW	1	145.00
06/06/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/06/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/06/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	639.60
06/06/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/06/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/06/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/06/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN	1	15.00
06/06/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/06/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	65	75.00
06/06/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/06/2025	0250	J2003	81000008	LIDOCAINE PF 1% SOLN	200	75.00
06/06/2025	0250	J2250	81000008	MIDAZOLAM 1 MG/ML SOLN	2	90.00
06/06/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/06/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/06/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/06/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/06/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/06/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/06/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/06/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/06/2025	0250	J3010	81000008	FENTANYL PF 100MCG/2ML SOLN	2	90.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
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Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/06/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 20MEQ/100ML SOLN	10	75.00
06/06/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 20MEQ/100ML SOLN	10	75.00
06/06/2025	0250	P9047	81000008	ALBUMIN HUMAN 25% SOLN	2	864.00
06/06/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/06/2025	0258	J7799	82000000	D5W - NACL 0.9% SOLN	2	10.00
06/06/2025	0272		60050153	NDL INSTRD CO-AXIAL 19GAX11.4C	1	191.00
06/06/2025	0272	C1729	60050154	CATH MLTPUR DRNG 14FR 25CM	3	2,250.03
06/06/2025	0272	C1769	60050033	GDWR AMPLATZ SUPER STIFF 75CM	1	750.00
06/06/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/06/2025	0301	80202	42050040	HCHG VANCOMYCIN TROUGH	1	448.00
06/06/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/06/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/06/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/06/2025	0306	87040	40900326	HCHG CORE CULT BLD BACTERIA	1	460.00
06/06/2025	0306	87040	40900326	HCHG CORE CULT BLD BACTERIA	1	460.00
06/06/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/06/2025	0306	87075	40900324	HCHG CORE CULT BACT ANAEROBIC	1	255.00
06/06/2025	0306	87102	40950110	HCHG CORE CULT FUNGUS OTHER SOURCE	1	187.00
06/06/2025	0306	87205	46000088	HCHG SMEAR GRAM STAIN	1	146.00
06/06/2025	0306	87206	40900215	HCHG CORE SMR FLUOR + OR ACID FAST	1	154.00
06/06/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/06/2025	0361	49406	30045231	HCHG IMAGE CATH FLUID PERI/RETRO	1	5,503.00
06/06/2025	0361	49406	30045231	HCHG IMAGE CATH FLUID PERI/RETRO	1	5,503.00
06/06/2025	0361	49406	30045231	HCHG IMAGE CATH FLUID PERI/RETRO	1	5,503.00
06/06/2025	0370	99152	20500033	HCHG MOD SED SAME MD/QHP GT 5 YRS	1	431.00
06/06/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/06/2025	0987	99231	88000004	HCHG APC SUBSEQUENT HOSPITAL CARE LOW	1	145.00
06/07/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/07/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/07/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/07/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/07/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/07/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	650.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
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Date of Bill
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Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/07/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/07/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/07/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/07/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/07/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/07/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/07/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/07/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/07/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/07/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/07/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/07/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/07/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/07/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/07/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/07/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/07/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/07/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/07/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/07/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/07/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/07/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/07/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/07/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/07/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/07/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/07/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/07/2025	0987	99232	88000005	HCHG APC SUBSEQUENT HOSPITAL CARE MED	1	268.00
06/08/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/08/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/08/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/08/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/08/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/08/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/08/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/08/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/08/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/08/2025	0250	J0613	81000008	CALCIUM GLUCONATE 1G/50ML SOLN	100	165.90
06/08/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/08/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/08/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/08/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/08/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/08/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/08/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/08/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/08/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/08/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/08/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/08/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/08/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/08/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/08/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/08/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/08/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/08/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/08/2025	0250	J3475	81000008	MAGNESIUM SULFATE 2G/50ML SOLN	4	107.80
06/08/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/08/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/08/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/08/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/08/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/08/2025	0301	84478	42100460	HCHG TRIGLYCERIDE	1	157.00
06/08/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/08/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/08/2025	0987	99231	88000004	HCHG APC SUBSEQUENT HOSPITAL CARE LOW	1	145.00
06/09/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/09/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/09/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/09/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/09/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/09/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/09/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/09/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/09/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/09/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/09/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/09/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/09/2025	0250	J0613	81000008	CALCIUM GLUCONATE 2G/100ML SOLN	200	308.10
06/09/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/09/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/09/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/09/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/09/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/09/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/09/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/09/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/09/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/09/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/09/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/09/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/09/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/09/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/09/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/09/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/09/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/09/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/09/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/09/2025	0250	J3475	81000008	MAGNESIUM SULFATE 2G/50ML SOLN	4	107.80
06/09/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08
06/09/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/09/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/09/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/09/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/09/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/09/2025	0302	86850	44000000	HCHG ANTIBODY SCREEN	1	250.00
06/09/2025	0302	86900	44000010	HCHG ABO TYPE SEROLOGIC	1	183.00
06/09/2025	0302	86900	44000042	HCHG ABO RECHECK UNIT/PATIENT	1	183.00
06/09/2025	0302	86901	44000011	HCHG RH TYPE SEROLOGIC	1	154.00
06/09/2025	0302	86923	44000041	HCHG CROSS MATCH ELECTRONIC	1	487.00
06/09/2025	0302	86923	44000041	HCHG CROSS MATCH ELECTRONIC	1	487.00
06/09/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/09/2025	0320	74018	30000392	HCHG XR ABD AP 1 VIEW	1	646.00
06/09/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/09/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
06/09/2025	0390	P9016	41100003	HCHG RBC LEUKOCYTES REDUCED PROCESSING EA UNIT	1	252.00
06/09/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/09/2025	0987	99291	88000019	HCHG APC CC 1ST 30-74 MIN	1	850.00
06/10/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/10/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/10/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/10/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/10/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/10/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/10/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/10/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/10/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/10/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/10/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/10/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/10/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/10/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/10/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/10/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/10/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/10/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/10/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/10/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/10/2025	0250	J2470	81000008	PANTOPRAZOLE 40MG SOLR	1	75.00
06/10/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/10/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/10/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/10/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/10/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	181.30
06/10/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/10/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/10/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/10/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/10/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/10/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/10/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/10/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/10/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/10/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/10/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/10/2025	0987	99291	88000019	HCHG APC CC 1ST 30-74 MIN	1	850.00
06/11/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/11/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/11/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/11/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/11/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/11/2025	0250		81000000	LANSOPRAZOLE ODT 15MG TBDP	2	2.00
06/11/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/11/2025	0250		81000000	OLANZAPINE 5MG TABS	1	55.00
06/11/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/11/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/11/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/11/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/11/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/11/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN	1	15.00
06/11/2025	0250	J0131	81000008	ACETAMINOPHEN 10MG/ML SOLN	100	91.00
06/11/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/11/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/11/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/11/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/11/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/11/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/11/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/11/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/11/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/11/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/11/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/11/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/11/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/11/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/11/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/11/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/11/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/11/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/11/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
06/11/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/11/2025	0250	P9047	81000008	ALBUMIN HUMAN 25% SOLN	2	864.00
06/11/2025	0250	P9047	81000008	ALBUMIN HUMAN 25% SOLN	2	864.00
06/11/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/11/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/11/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/11/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/11/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/11/2025	0301	84478	42100460	HCHG TRIGLYCERIDE	1	157.00
06/11/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/11/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/11/2025	0306	87077	40950014	HCHG CORE CULT BACT AEROBIC ID	1	181.00
06/11/2025	0306	87184	40950112	HCHG CORE SUSCEPT KB DISK <=12	1	107.00
06/11/2025	0306	87186	40950016	HCHG CORE SUSCEPT MIC PER PLATE	1	283.00
06/11/2025	0306	87205	40900243	HCHG CORE SMR GRAM STAIN	1	146.00
06/11/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/11/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/11/2025	0987	99232	88000005	HCHG APC SUBSEQUENT HOSPITAL CARE MED	1	268.00
06/12/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/12/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/12/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/12/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/12/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/12/2025	0250		81000000	LANSOPRAZOLE ODT 15MG TBDP	2	2.00
06/12/2025	0250		81000000	OLANZAPINE 5MG TABS	1	55.00
06/12/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/12/2025	0250		81000000	SCOPOLAMINE 1.5MG PATCH (1MG/72 HRS) PT72	1	91.90
06/12/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/12/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/12/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/12/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/12/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/12/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/12/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/12/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/12/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/12/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/12/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/12/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/12/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/12/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/12/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/12/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/12/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/12/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/12/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/12/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/12/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/12/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/12/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/12/2025	0250	P9047	81000008	ALBUMIN HUMAN 25% SOLN	2	864.00
06/12/2025	0250	P9047	81000008	ALBUMIN HUMAN 25% SOLN	2	864.00
06/12/2025	0258		81000091	ADULT TPN (TOTAL PARENTERAL NUTRITION)	1	1,000.00
06/12/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/12/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/12/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/12/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/12/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/12/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/13/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/13/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	650.00
06/13/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/13/2025	0250		81000000	CHLORHEXIDINE 0.12% SOLN 15 ML CUP	1	15.00
06/13/2025	0250		81000000	OLANZAPINE 5MG TABS	1	55.00
06/13/2025	0250		81000000	LANSOPRAZOLE ODT 15MG TBP	2	2.00
06/13/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/13/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/13/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/13/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/13/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/13/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/13/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/13/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/13/2025	0250	J1171	81000008	HYDROMORPHONE 2MG/ML SOLN	10	90.00
06/13/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/13/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/13/2025	0250	J1200	81000008	DIPHENHYDRAMINE 50MG/ML SOLN	1	75.00
06/13/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/13/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/13/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/13/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/13/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/13/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	40	75.00
06/13/2025	0250	J2060	81000008	LORAZEPAM 2MG/ML SOLN	1	90.00
06/13/2025	0250	J2405	81000008	ONDANSETRON 2MG/ML SOLN	4	75.00
06/13/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/13/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/13/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/13/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/13/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/13/2025	0250	J2704	81000008	PROPOFOL 10MG/ML EMUL	100	234.00
06/13/2025	0250	J3010	81000008	FENTANYL PF 250MCG/5ML SOLN	1	90.00
06/13/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/13/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/13/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/13/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/13/2025	0302	86850	44000000	HCHG ANTIBODY SCREEN	1	250.00
06/13/2025	0302	86900	44000010	HCHG ABO TYPE SEROLOGIC	1	183.00
06/13/2025	0302	86900	44000042	HCHG ABO RECHECK UNIT/PATIENT	1	183.00
06/13/2025	0302	86901	44000011	HCHG RH TYPE SEROLOGIC	1	154.00
06/13/2025	0302	86923	44000041	HCHG CROSS MATCH ELECTRONIC	1	487.00
06/13/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/13/2025	0305	85027	43000010	HCHG CBC AUTOMATED	1	173.00
06/13/2025	0306	87493	46000227	HCHG C DIFF AMPLIFIED PROBE	1	384.00
06/13/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/13/2025	0390	P9016	41100003	HCHG RBC LEUKOCYTES REDUCED PROCESSING EA UNIT	1	252.00
06/13/2025	0410	94003	33000007	HCHG VENT MANAGEMENT SUBSEQUENT ADULT	1	4,173.00
06/13/2025	0987	99232	88000005	HCHG APC SUBSEQUENT HOSPITAL CARE MED	1	268.00
06/14/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/14/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/14/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/14/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/14/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/14/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/14/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/14/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/14/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/14/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/14/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/14/2025	0250	J1200	81000008	DIPHENHYDRAMINE 50MG/ML SOLN	1	75.00
06/14/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/14/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/14/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/14/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/14/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/14/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/14/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/14/2025	0250	J2060	81000008	LORAZEPAM 2MG/ML SOLN	1	90.00
06/14/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/14/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/14/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/14/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/14/2025	0250	J2865	81000008	SULFAMETHOXAZOLE/TRIMETHOP RIM 16MG TMP/ML SOLN 30 ML VIAL	298	199.50
06/14/2025	0250	J2865	81000008	SULFAMETHOXAZOLE/TRIMETHOP RIM 16MG TMP/ML SOLN 30 ML VIAL	298	199.50
06/14/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/14/2025	0301	82330	42100075	HCHG CALCIUM IONIZED	1	212.00
06/14/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/14/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/14/2025	0301	84145	40900473	HCHG CORE PROCALCITONIN (PCT)	1	613.00
06/14/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/14/2025	0320	74018	30000392	HCHG XR ABD AP 1 VIEW	1	646.00
06/14/2025	0444	92610	17400400	HCHG SP EVAL FNX SWALL	1	802.00
06/15/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/15/2025	0250		80000001	SULFAMETHOXAZOLE/TRIMETHOP RIM 200MG-40MG/5ML SUSP	2	189.63

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
06/15/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/15/2025	0250		81000000	LANSOPRAZOLE ODT 30MG TBDD	1	63.10
06/15/2025	0250		81000000	POTASSIUM BICARBONATE/CITRIC ACID 20MEQ TBEF	2	15.00
06/15/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/15/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/15/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/15/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/15/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/15/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/15/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/15/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/15/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/15/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/15/2025	0250	J1200	81000008	DIPHENHYDRAMINE 50MG/ML SOLN	1	75.00
06/15/2025	0250	J1200	81000008	DIPHENHYDRAMINE 50MG/ML SOLN	1	75.00
06/15/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/15/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/15/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/15/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/15/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/15/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/15/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/15/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/15/2025	0250	J2865	81000008	SULFAMETHOXAZOLE/TRIMETHOP RIM 16MG TMP/ML SOLN 30 ML VIAL	298	199.50
06/15/2025	0250	J3010	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
06/15/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 10MEQ/100ML SOLN	5	75.00
06/15/2025	0250	J3480	81000008	POTASSIUM CHLORIDE 10MEQ/100ML SOLN	5	75.00
06/15/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08
06/15/2025	0258	J7070	82000000	D5W SOLN	1	10.00
06/15/2025	0301	80048	42000000	HCHG BASIC METABOLIC PANEL	1	327.00
06/15/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/15/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/15/2025	0301	84100	42100376	HCHG PHOSPHORUS (PO4)	1	134.00
06/15/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/15/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/15/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00
06/15/2025	0440	92526	17400398	HCHG SP TX SWALL/ORAL FNX	1	523.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
06/15/2025	0987	99231	88000004	HCHG APC SUBSEQUENT HOSPITAL CARE LOW	1	145.00
06/16/2025	0200	99999	10000016	HCHG ROOM ICU	1	15,171.00
06/16/2025	0250		80000001	SULFAMETHOXAZOLE/TRIMETHOP RIM 200MG-40MG/5ML SUSP	2	189.63
06/16/2025	0250		80000001	SULFAMETHOXAZOLE/TRIMETHOP RIM 200MG-40MG/5ML SUSP	2	189.63
06/16/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/16/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/16/2025	0250		81000000	LANSOPRAZOLE ODT 30MG TBDD	1	63.10
06/16/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/16/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/16/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/16/2025	0250		81000000	DEXMEDETOMIDINE 4MCG/ML SOLN	1	247.65
06/16/2025	0250		81000000	OLANZAPINE 5MG TABS	1	55.00
06/16/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/16/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/16/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/16/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/16/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/16/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/16/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/16/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/16/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/16/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/16/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/16/2025	0250	J2060	81000008	LORAZEPAM 2MG/ML SOLN	1	90.00
06/16/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/16/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/16/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/16/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/16/2025	0250	J3360	81000008	DIAZEPAM 5MG/ML SOLN	1	90.00
06/16/2025	0250	J3360	81000008	DIAZEPAM 5MG/ML SOLN	1	90.00
06/16/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/16/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/16/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/16/2025	0320	74230	30000184	HCHG XR SWALLOWING FUNCTION CONTRAST STUDY	1	1,525.00
06/16/2025	0424	97162	17000608	HCHG PT EVAL MOD COMPLEXITY	1	542.00
06/16/2025	0434	97165	17000572	HCHG OT EVAL LOW COMPLEXITY	1	493.00
06/16/2025	0444	92611	17400401	HCHG SP EVAL MTN FLUOR SWAL	1	1,104.00
06/16/2025	0987	99232	88000005	HCHG APC SUBSEQUENT HOSPITAL CARE MED	1	268.00
06/17/2025	0206	99999	10000018	HCHG ROOM ICU INTERM	1	7,228.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/17/2025	0250		80000001	SULFAMETHOXAZOLE/TRIMETHOP RIM 200MG-40MG/5ML SUSP	2	189.63
06/17/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/17/2025	0250		81000000	LANSOPRAZOLE ODT 30MG TBDD	1	63.10
06/17/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/17/2025	0250		81000000	METOPROLOL 5MG/5ML SOLN	1	75.00
06/17/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/17/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/17/2025	0250		81000000	CLONIDINE 0.2MG TABS	1	15.00
06/17/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/17/2025	0250		81000000	OLANZAPINE 5MG TABS	1	55.00
06/17/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/17/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/17/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/17/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/17/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/17/2025	0250	J1630	81000008	HALOPERIDOL LACTATE 5MG/ML SOLN	1	75.00
06/17/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/17/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/17/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/17/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/17/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/17/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/17/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/17/2025	0250	J3360	81000008	DIAZEPAM 5MG/ML SOLN	1	90.00
06/17/2025	0250	J3360	81000008	DIAZEPAM 5MG/ML SOLN	1	90.00
06/17/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	75	253.68
06/17/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/17/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/17/2025	0306	87040	40900326	HCHG CORE CULT BLD BACTERIA	1	460.00
06/17/2025	0306	87086	40900269	HCHG CORE CULT UR COLONY CT ONLY	1	217.00
06/17/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/17/2025	0350	71275	30400031	HCHG CTA CHEST W AND WO CONTR	1	6,926.00
06/17/2025	0987	99232	88000005	HCHG APC SUBSEQUENT HOSPITAL CARE MED	1	268.00
06/18/2025	0206	99999	10000018	HCHG ROOM ICU INTERM	1	7,228.00
06/18/2025	0250		80000001	SULFAMETHOXAZOLE/TRIMETHOP RIM 200MG-40MG/5ML SUSP	2	189.63
06/18/2025	0250		80000001	SULFAMETHOXAZOLE/TRIMETHOP RIM 200MG-40MG/5ML SUSP	2	189.63
06/18/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/18/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/18/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/18/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/18/2025	0250		81000000	LANSOPRAZOLE ODT 30MG TBDD	1	63.10
06/18/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/18/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/18/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/18/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/18/2025	0250		81000000	CLONIDINE 0.1MG TABS	1	7.50
06/18/2025	0250		81000000	CLONIDINE 0.1MG TABS	1	7.50
06/18/2025	0250		81000000	OLANZAPINE 5MG TABS	1	55.00
06/18/2025	0250		81000000	SULFAMETHOXAZOLE/TRIMETHOP RIM 400MG/80MG TABS	1	15.00
06/18/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/18/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/18/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/18/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/18/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/18/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/18/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/18/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/18/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/18/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/18/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/18/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/18/2025	0301	80053	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	433.00
06/18/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/18/2025	0420	97116	17000122	HCHG PT GAIT TRAINING EA 15 MIN	1	232.00
06/18/2025	0420	97530	17000126	HCHG PT THERAPEUTIC ACTIVITY EA 15 MIN	1	246.00
06/18/2025	0430	97535	17200113	HCHG OT ADL TRAINING EA 15 MIN	2	466.00
06/18/2025	0483	93306	32000074	HCHG CA TTE W/DOPPLER COMPLETE	1	3,670.00
06/19/2025	0121	99999	10000003	HCHG ROOM MED/SURG/GYN	1	4,819.00
06/19/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/19/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/19/2025	0250		81000000	SULFAMETHOXAZOLE/TRIMETHOP RIM 400MG/80MG TABS	1	15.00
06/19/2025	0250		81000000	OXYCODONE 5MG/5ML SOLN	1	48.30
06/19/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/19/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/19/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/19/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/19/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/19/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/19/2025	0250		81000000	SULFAMETHOXAZOLE/TRIMETHOP RIM 400MG/80MG TABS	1	15.00
06/19/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/19/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/19/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
06/19/2025	0250	J1644	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00

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Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/19/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/19/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/19/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/19/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/19/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/19/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/19/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08
06/19/2025	0301	80048	42000000	HCHG BASIC METABOLIC PANEL	1	327.00
06/19/2025	0301	83735	42100307	HCHG MAGNESIUM	1	209.00
06/19/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/19/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00
06/19/2025	0440	92526	17400398	HCHG SP TX SWALL/ORAL FNX	1	523.00
06/20/2025	0121	99999	10000003	HCHG ROOM MED/SURG/GYN	1	4,819.00
06/20/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/20/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/20/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/20/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/20/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/20/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/20/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/20/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/20/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/20/2025	0250	J1200	81000008	DIPHENHYDRAMINE 50MG/ML SOLN	1	75.00
06/20/2025	0250	J2003	81000008	LIDOCAINE PF 1% SOLN	50	75.00
06/20/2025	0250	J2250	81000008	MIDAZOLAM 1 MG/ML SOLN	4	90.00
06/20/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/20/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	120.26
06/20/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/20/2025	0250	J3010	81000008	FENTANYL PF 100MCG/2ML SOLN	2	90.00
06/20/2025	0272		60050153	NDL INSTRD CO-AXIAL 19GAX11.4C	1	191.00
06/20/2025	0272	C1729	60050154	CATH MLTPUR DRNG 14FR 25CM	1	750.01
06/20/2025	0272	C1769	60050033	GDWR AMPLATZ SUPER STIFF 75CM	1	750.00
06/20/2025	0301	84443	40900205	HCHG CORE TSH	1	287.00
06/20/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/20/2025	0306	87070	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	405.00
06/20/2025	0306	87075	40900324	HCHG CORE CULT BACT ANAEROBIC	1	255.00
06/20/2025	0306	87205	46000088	HCHG SMEAR GRAM STAIN	1	146.00
06/20/2025	0361	49406	30045231	HCHG IMAGE CATH FLUID PERI/RETRO	1	5,503.00
06/20/2025	0370	99152	20500033	HCHG MOD SED SAME MD/QHP GT 5 YRS	1	431.00

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Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/20/2025	0430	97535	17200113	HCHG OT ADL TRAINING EA 15 MIN	1	233.00
06/21/2025	0121	99999	10000003	HCHG ROOM MED/SURG/GYN	1	4,819.00
06/21/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/21/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/21/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/21/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/21/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/21/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/21/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/21/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/21/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/21/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/21/2025	0250		81000000	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/21/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/21/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/21/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/21/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/21/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/21/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/21/2025	0250	J2405	81000008	ONDANSETRON 2MG/ML SOLN	4	75.00
06/21/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/21/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/21/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/21/2025	0301	80048	42000000	HCHG BASIC METABOLIC PANEL	1	327.00
06/21/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/21/2025	0430	97535	17200113	HCHG OT ADL TRAINING EA 15 MIN	1	233.00
06/22/2025	0111	99999	10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,819.00
06/22/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/22/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/22/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/22/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/22/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/22/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/22/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/22/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/22/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/22/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/22/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/22/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/22/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/22/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/22/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/22/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/22/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/22/2025	0420	97116	17000122	HCHG PT GAIT TRAINING EA 15 MIN	1	232.00

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Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
06/22/2025	0420	97530	17000126	HCHG PT THERAPEUTIC ACTIVITY EA 15 MIN	1	246.00
06/23/2025	0111	99999	10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,819.00
06/23/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/23/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/23/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/23/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/23/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/23/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/23/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/23/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	75.00
06/23/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/23/2025	0250	J1171	81000008	HYDROMORPHONE 1MG/ML SOLN	5	90.00
06/23/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/23/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/23/2025	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 3.375G/100ML	3	75.00
06/23/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/23/2025	0324	71045	30000383	HCHG XR CHEST FRONTAL 1 VIEW	1	725.00
06/23/2025	0430	97535	17200113	HCHG OT ADL TRAINING EA 15 MIN	2	466.00
06/24/2025	0111	99999	10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,819.00
06/24/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/24/2025	0250		81000000	OXYCODONE 5MG TABS	2	40.00
06/24/2025	0250		81000000	CLONIDINE 0.1MG TABS	2	15.00
06/24/2025	0250		81000000	DIAZEPAM 5MG TABS	1	40.00
06/24/2025	0250		81000000	DIAZEPAM 2MG TABS	1	40.00
06/24/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/24/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/24/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/24/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/24/2025	0250	J1938	81000008	FUROSEMIDE 10MG/ML SOLN	20	75.00
06/24/2025	0305	85025	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	203.00
06/24/2025	0440	92526	17400398	HCHG SP TX SWALL/ORAL FNX	1	523.00
06/25/2025	0250		81000000	OXYCODONE 5MG TABS	1	40.00
06/25/2025	0250		81000000	DIAZEPAM 2MG TABS	1	40.00
06/25/2025	0250		81000000	LIDOCAINE 5% PTCH	1	55.00
06/25/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/25/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/25/2025	0250	J0295	81000008	AMPICILLIN/SULBACTAM 3G/100ML SOLN	2	102.20
06/25/2025	0250	J2997	81000008	ALTEPLASE 2MG SOLR	2	1,111.00
06/25/2025	0255	Q9967	81000094	IOHEXOL IODINATED 350MG/ML SOLN	100	339.08

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed.

26 of



Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amf
06/25/2025	0352	74177	30400116	HCHG CT ABD & PELVIS W/CON	1	7,877.00
Total Charges						656,203.35

Payments and Adjustments

Date	Description	Amount
8/2/2025	PGBA Adj W/O Unbillable Charge (Ins) HB	(3,765.00)
7/7/2025	Tricare Super Payor Pmt Insurance	(2,379.19)
8/28/2025	Tricare Super Payor Adj Contractual (Ins)	(6,244.82)
Total Insurance Payments and Adjustments		(12,389.01)

Summary of Account

Charges

Rev Code	Description	Amount
0110	Room & Board - Private (Medical or General) - General Classification	14,457.00
0120	Room & Board - Semi-Private Two Bed (Medical or General) - General Classification	24,095.00
0200	Intensive Care - General Classification	233,115.00
0250	Pharmacy - General Classification	79,136.52
0260	IV Therapy - General Classification	4,959.00
0270	Medical/Surgical Supplies and Devices - General Classification	16,981.83
0300	Laboratory - General Classification	51,426.00
0310	Laboratory Pathological - General Classification	1,065.00
0320	Radiology - Diagnostic - General Classification	11,517.00
0350	CT Scan - General Classification	67,039.00
0360	Operating Room Services - General Classification	54,345.00
0370	Anesthesia - General Classification	6,676.00
0390	Blood and Blood Component Administration, Processing and Storage - General Classification	504.00
0400	Other Imaging Services - General Classification	4,186.00
0410	Respiratory Services - General Classification	48,789.00
0420	Physical Therapy - General Classification	1,498.00
0430	Occupational Therapy - General Classification	1,891.00
0440	Speech-Language Pathology - General Classification	3,475.00
0450	Emergency Room - General Classification	7,239.00
0480	Cardiology - General Classification	7,340.00
0710	Recovery Room - General Classification	5,216.00
0760	Treatment/Observation Room - General Classification	4,020.00
0920	Other Diagnostic Services - General Classification	3,035.00
0940	Other Therapeutic Services - General Classification	433.00
0981	Professional Fees - Emergency Room	3,765.00

Total Charges: \$656,203.35

Payments and Adjustments

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed.

27 of



Patient Name
Da Silva Bueno, Samara Fernanda

Patient Acct #
413049552

Date of Bill
10/06/25

Date	Description	Amount
8/2/2025	PGBA Adj W/O Unbillable Charge (Ins) HB	(3,765.00)
7/7/2025	Tricare Super Payor Pmt Insurance	(2,379.19)
8/28/2025	Tricare Super Payor Adj Contractual (Ins)	(6,244.82)
	Total Insurance Payments and Adjustments	(12,389.01)

Current Balance: \$643,814.34

ABSENCE REQUEST - AUTHORIZATION AND APPROVAL DATA

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974

INSTRUCTIONS TO SERVICE MEMBER

AUTHORITY FOR ABSENCE: This form contains the pertinent information that authorizes you to be away from your station or post. You must carry this form while on absence.

CHANGES: A Member who desires changes in authorized absence or does not begin absence on schedule will notify commander.

REPORTING: A Member will report to duty station not later than 2400 on the last day of absence (even if PCS orders contain a later reporting date)

CHARGEABLE DATES: The "Absence Start Date" and "Absence End Date" are to be used to compute chargeable time that will affect a Member's accrued balance for chargeable absences.

IMPORTANT: This form must remain in the Member's possession at all times while absent from duty station. To reprint the form, log into the IPPS-A system go to My Absences > View/Update Requests and find the appropriate request to print.

MEMBER ABSENCE INFORMATION - TRANSACTION NUMBER: 10299468

1. NAME SPC MAURICIO LOPEZ		2. DoD ID 1613252424	
3. ABSENCE TYPE CHG - 01-CHARGEABLE		4. ABSENCE REASON EMERGENCY ABS	
5. ABSENCE START DATE 2025-06-09	6. ABSENCE END DATE 2025-06-25	7. DATE OF DEPARTURE 2025-06-09	8. DATE OF RETURN 2025-06-25
9. ABSENCE ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER Contact Name: mauricio lopez Contact Phone: 9404655150 GEOLOC Code: 063290075 Address Details: 30 otis st apt 2605 SAN FRANCISCO CA 94103 (USA)		10. DEPARTMENT/UIC & LOCATION INFORMATION 00317165/WH9SC0 - 0024 IN BN 01 CO C RIFLE COMP 00152802 - FT WAINWRIGHT	
11a. REQUESTOR COMMENTS: Sm is requesting emergency leave due to his wife being in icu. Please see the red cross message attached below.			
11b. FINAL APPROVER COMMENTS: Approved. Please process rapidly.			
11c. ADMINISTRATIVE COMMENTS:			
12. SUPERVISOR NAME CPT DANIEL KOMSOUKANIANTS		13. APPROVER NAME CPT DANIEL KOMSOUKANIANTS	
		14. APPROVAL STATUS APPROVED	
AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures. PRINCIPAL PURPOSE(S): To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8, Notice: Army Personnel System (APS) (July 18, 2019, 84 FR 34373). For additional information, see the System of Records Notice A0600-8-104 AHRC. ROUTINE USES: The primary administrative tool used for several Human Resources supporting tasks including Changing duty status, Requesting personnel actions (reassignment, training, etc.), Announcing Personnel Actions (local assignment, promotion, etc.). Forms will not be disclosed outside Department of Defense (DoD) and DOD sponsored agencies. DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.			

RED CROSS MESSAGE WORKSHEET

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice M01070-6 Marine Corps Official Military Personnel Files (March 17, 2008, 73 FR 14234). **AUTHORITY:** 10 U.S.C. 5041, Headquarters, Marine Corps; 42 U.S.C. 10606 as implemented by DoD Instruction 1030.1, Victim and Witness Assistance Procedures; and E.O. 9397 (SSN). **PRINCIPLE:** Active duty and Corps Inactive Ready Reserve (IRR) members who are enlisted, appointed, or commissioned status; members of the U.S. Marine Corps who were enlisted, appointed, or commissioned status and were separated by discharge, death, or other termination of military status. **PURPOSE:** To assist officials and employees of the U.S. Marine Corps in the management, supervision, and administration of Marine Corps personnel (officer and enlisted), and the operations of related personnel affairs and functions. **ROUTINE USE:** To officials and employees of the American Red Cross and Navy Relief Society in the performance of their duties. Access will be limited to those portions of the member's record required to effectively assist the member. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE:** MANDATORY

Date Received: 05 Jun 2025 Time Received: 22:55 Case Number: 2556391
 Callback Number: 877-272-7337 Case Worker: Brandi VanDyke
 Service Member's Name: Mauricio Lopez
 Rank: E-4
 SSN (LAST 4): 4693
 Service Member's Unit and Location (if deployed): 1-24 Hth airborne charley company

Message Received By: SGT Riley, Dylan

Message (use as much detail as possible): service member mauricio Lopez, 940-465-5150, requesting verification for emergency leave due to illness of members spouse Samara fernanda dasilva. verified by nurse practitioner Olga Spivak on behalf of Dr. Frank Delen with the ICU at California Pacific medical center located in San Francisco california, 415-600-5375. Confirmed diagnoses as septic shock prognoses is guarded. Patient is on life support but they are trying to be optimistic. Current condition is critical. Life expectancy is a concern, no time frame given. SM presence is recommended. SM is requested for family support and to assist with medical decisions. There is no family or friends in the area that can assist or be present with members spouse. SM respectfully request direct contact from command with leave decision.

Date: _____ Time Message Delivered to Service Member: _____

Action Taken/Response Given: _____

Date: _____ Time Call Returned to Red Cross: _____

Whom Delivered to: _____

Print Form

Reset Form

Exhibit 10 - Evidence Related to Removal Proceedings

Uploaded on: 04/10/2024 at 11:37:54 AM (Pacific Daylight Time) Base City: SFR

Allegations: Denies all | Charges: Denies all - sustains all
Designated Country: BRAZIL |

DEPARTMENT OF HOMELAND SECURITY
NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 393073264

FINS #: 1281441146

DOB: 09/27/1992

File No: A245 961 671

Event No: LAS2404000041

In the Matter of:

Respondent: SAMARA FERNANDA DA SILVA-BUENO

currently residing at:

FAILED TO PROVIDE ADDRESS EOIR-33 DOCKET

(Number, street, city, state and ZIP code)

(Area code and phone number)

- ☐ You are an arriving alien.
- ☒ You are an alien present in the United States who has not been admitted or paroled.
- ☐ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL ;
3. You arrived in the United States at or near EL PASO, TX , on or about April 9, 2024 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- ☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30 ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

630 SANSOME ST, 4TH FL, RM 475 SAN FRANCISCO CA 94111

(Complete Address of Immigration Court, including Room Number, if any)

on May 27, 2027 at 10:30 AM to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above.

ERIC E SALAZAR
Date: 2024.04.10 02:12:32-06:00
0154689950.CBP.3

Acting/Patrol Agent in Charge

(Signature and Title of Issuing Officer)

Date: April 10, 2024

El Paso, Texas

(City and State)

EOIR - 1 of 3

Notice to Respondent

Allegations: Denies all Charges Denies all sustains a b
Warning: Any statement you make may be used against you in removal proceedings.
Designated Country: BRAZIL

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are in removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear, including that you are inadmissible or removable. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge. You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at www.uscis.gov/i-589. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to section 208(a)(2)(B) of the Immigration and Nationality Act.

Failure to appear: You are required to provide the Department of Homeland Security (DHS), in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the DHS immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at <http://www.ice.gov/contact/ero>, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

U.S. Citizenship Claims: If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

Sensitive locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Upon information and belief, the language that the alien understands is SPANISH

Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office for Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before:

(Signature of Respondent)

Date: _____

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on **April 10, 2024**, in the following manner and in compliance with section 239(a)(1) of the Act.

- ☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail
☐ Attached is a credible fear worksheet.
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the SPANISH language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Samara E. S. Bueno

(Signature of Respondent if Personally Served)

DAVID ORRANTIA
Date: 2024.04.10 03:38:15-06:00
0038118563.CBP



Border Patrol Agent

(Signature and Title of officer)

EOIR - 2 of 3

Privacy Act Statement

Allegations: Denies all | Charges: Denies all - sustains all

Des ~~Authority~~ Country: BRAZIL |

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

Purpose:

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

Routine Uses:

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notices-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doj-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

Disclosure:

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.

U.S. Department of Homeland Security
Immigration and Customs Enforcement

Additional Charges of Inadmissibility/Deportability

In: ☒ **Removal proceedings under section 240 of the Immigration and Nationality Act**

☐ **Deportation proceedings commenced prior to April 1, 1997 under former section 242 of the Immigration and Nationality Act**

In the matter of:

Alien/Respondent: Samara Da Silva-Bueno

File No: 245961671 Address: 3102 Baldwin Loop, Unit B Killeen, TX 76549 USA

DESIGNATION BOX TO BE UNCHECKED: Box 2. You are an alien present in the United States who has not been admitted or paroled.

DESIGNATION BOX TO BE CHECKED: Box 3. You have been admitted to the United States, but are removable for the reasons stated below.

ALLEGATION(S) TO BE WITHDRAWN:

WITHDRAWN: #3.

WITHDRAWN: #4.

NEW ALLEGATION(S) TO BE ADDED IN SUPPORT OF THE NEW CHARGE:

ADDED: #3. You were admitted to the United States in April 4, 2019 as a non-immigrant J-1 visa holder with authorization to remain in the United States for a temporary length of time.

ADDED: #4. You remained in the United States beyond the authorized temporary period of your J-1 Visa without authorization from the Immigration and Naturalization Services.

NEW CHARGE(S) TO BE ADDED: 237(a)(1)(B) of the Immigration and Nationality Act ("Act"), as amended in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted, in violation of this Act or any other law of the United States.

Dated: July 6, 2026



(Signature of Service Counsel)

Form I-261

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office of the Immigration Review. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this Notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with you case. If any document is a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all the allegations in the charging document and that you are inadmissible or deportable on the charges contained in the charging document. You will have an opportunity to present evidence on you own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the INS, in writing, with you full mailing address and telephone number. You must notify the Immigration Court immediately by using form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

Certificate of Service

This charging document was served on the respondent by me on

July 6, 2026

(Date)

in the following manner:

in person

via custodial officer

by mail

to respondent's address/respondent's attorney address

X by ECAS to respondent's counsel of record

to:

Samara Da Silva-Bueno

(Alien's Address)

☐
The alien was provided oral notice in the language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

(Signature of alien)

(Signature and title of officer) ACC

Form I-261

EOIR - 2 of 2

Exh. 3 - Adm.

**Exhibit 11 - Evidence
of Pending Form I-
130, Petition for
Alien Relative
(Receipt Notice)**

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE August 07, 2026	
CASE TYPE I-130, Petition for Alien Relative		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0937864142	RECEIVED DATE August 05, 2026	PAGE 1 of 1	
PRIORITY DATE August 05, 2026	PREFERENCE CLASSIFICATION 201 B INA SPOUSE OF USC	DATE OF BIRTH November 08, 2003	
MAURICIO LOPEZ C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169		PAYMENT INFORMATION: Application/Petition Fee: \$675.00 Total Amount Received: \$675.00 Total Balance Due: \$0.00	
			
APPLICANT/PETITIONER NAME AND MAILING ADDRESS			
We have received your form and are currently processing the above case for the following beneficiaries:			
Name	Date of Birth	Country of Birth	Class (If Applicable)
DA SILVA BUENO, SAMARA FERNANDA	9/27/1992	BRAZIL	
If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.			
If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.			
If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.			
USCIS Office Address: USCIS SCOPS TEXAS FACILITY 6046 N Belt Line Rd. Irving, TX 75038-0001		USCIS Contact Center Number: (800)375-5283 ATTORNEY COPY 	



If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.