



PO BOX 58538
Webster, TX 77598
281-694-5986

WAJIHA T. AHMED
2435 BISONLINE ST
FRIENDSWOOD, TX 77546-2379

(973)262-0660

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMWA000	1
Guarantor	Due Date	Payment Due
WAJIHA T.	Upon Receipt	209.14

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 10/17/2024	Amount of Last Payment: -64.68
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Patient: WAJIHA T. AHMED	Rendering Physician: AHMED A. MORSY MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
05/13/24	73130	X-ray exam of hand	RT	111.00	-52.55		-22.58	-80.90	-45.03
05/13/24	73130	X-ray exam of hand	LT	111.00			-22.58	-80.90	7.52
05/13/24	73030	X-ray exam of shoulder	RT	104.00			-21.15	-75.80	7.05
05/13/24	73030	X-ray exam of shoulder	LT	104.00			-21.15	-75.80	7.05
05/13/24	73630	X-ray exam of foot	RT	102.00			-20.95	-74.07	6.98
05/13/24	73630	X-ray exam of foot	LT	102.00			-20.95	-74.07	6.98
05/13/24	73070	X-ray exam of elbow	RT	88.00			-17.90	-64.13	5.97
05/13/24	73070	X-ray exam of elbow	LT	88.00			-17.90	-64.13	5.97

Patient: WAJIHA T. AHMED	Rendering Physician: AHMED A. MORSY MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
08/28/24	20610	Drain/inj joint/bursa w/o us	RT	199.00			-44.25	-140.00	14.75

Patient: WAJIHA T. AHMED	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
07/03/24	87481	Candida dna amp probe	59	525.00			-72.38	-428.50	24.12
07/03/24	87491	Chyl/md trach dna amp probe	59	105.00			-14.48	-85.70	4.82
07/03/24	87511	Gardner vag dna amp probe	59	105.00			-14.48	-85.70	4.82
07/03/24	87529	HSV, DNA, AMP Probe	59	210.00			-28.95	-171.40	9.65

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