

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

ARAFAT A. ABDULLATIF 3247 MOSSY ELM CT HOUSTON, TX 77059-3229

(281)777-3634

Date of Last Payment: 7/5/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS ABDAR000	1	
Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -81.00

Patient:		Rendering Physician:		Chart Number:	Chart Number: Place of Service:		Date of Birth:	
ARAFAT	A. ABDULL	LATIF VENKATA	K. JONNA MD	ABDAR000	CLS HEALTH	05/03/196	3ذ	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	COMMUNI	Adjustments Re	emainder	
01/18/22	73565	X-ray exam of knees	129.00		-14.42	-94.58	20.00	
07/01/22	73565	X-ray exam of knees	129.00		-14.42	-94.58	20.00	
İ								
Patient:		Rendering F	Physician:	Chart Number:	: Place of Service:	Date of Bi	irth:	
ARAFAT	A. ABDULL	LATIF VENKATA	K. JONNA MD	ABDAR000	ABDAR000 CLS HEALTH 05/0		3 3	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	COMMUNI	Adjustments Re	em ainder	
07/01/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-20.00	-187.73	-375.27	-20.00	
Patient:		Rendering F	Rendering Physician:		Chart Number: Place of Service:		Date of Birth:	
ARAFAT	A. ABDULL	LATIF VENKATA	K. JONNA MD	ABDAR000	CLEAR LAKE	05/03/196	3 3	
				Paid By Applied to	Paid by			
Dates Procedure Desciption		Modifier Charge	difier Charge Patient Deductible COMMUNI		Adjustments Remainder			
07/14/22	27447	Total knee arthroplasty	RT 4,010.0	-134.00	-1,202.98	-2,673.36	-0.34	

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

To make a payment online, go to cls.health/payment

If remitting payment via mail in check, Please include statement.

Amount Due

19.66