




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

FARKHANDA S. AHMED
904 WALNUT POINTE
LEAGUE CITY, TX 77573-0900

(832)473-1984

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS AHMFA002 | 1 |
| Guarantor | Due Date | Payment Due |
| FARKHANDA S. | Upon Receipt | 121.06 |

| Pay Online | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Go to: cls.health/payment or scan the QR Code |  |
| Make Checks Payable To: | |
| CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598 | |

| | | | |
|-----------------------|-----------|-------------------------|-------|
| Date of Last Payment: | 11/5/2024 | Amount of Last Payment: | -4.24 |
|-----------------------|-----------|-------------------------|-------|

| | | | | |
|--------------------|----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| FARKHANDA S. AHMED | VENKATA K. JONNA MD | AHMFA002 | CLS HEALTH | 01/18/1954 |

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by HUMANA | Adjustments | Remainder |
|----------|-----------|----------------------|----------|--------|-----------------|-----------------------|----------------|-------------|-----------|
| 11/20/23 | 73565 | X-ray exam of knees | LT | 121.00 | | | -4.29 | -81.71 | 35.00 |
| 10/01/24 | 73562 | X-ray exam of knee 3 | LT | 122.00 | | | -4.24 | -82.76 | 35.00 |

| | | | | |
|--------------------|----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| FARKHANDA S. AHMED | VENKATA K. JONNA MD | AHMFA002 | CLS HEALTH | 01/18/1954 |

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|----------|-----------|----------------------------|----------|---------|-----------------|-----------------------|----------------|-------------|-----------|
| 11/20/23 | 99204 | OFFICE VIST NEW LEVEL 4 | 25 | 503.00 | -35.00 | | -159.92 | -343.08 | -35.00 |
| 11/20/23 | J2001 | Lidocaine injection | 59 | 1.00 | | | -0.02 | -0.97 | 0.01 |
| 11/20/23 | J3301 | Triamcinolone acet inj nos | JZ | 24.00 | | | -7.27 | -14.87 | 1.86 |
| 11/20/23 | J7325 | Synvisc or synvisc-one | JZ | 1,392.0 | | | -330.03 | -977.78 | 84.19 |

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 |
|------------|
| 121.06 |