

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

SHAMMI AHMED 4415 SHAVER ST APT 904 PASADENA, TX 77504-2698

(832)708-0575

Dates

04/29/24

Procedure Desciption

NO SHOW

99999

Statement Date	Invoice Number	Page		
02/10/2025	CLS AHMSH000	1		
Guarantor	Due Date	Payment Due		

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PO BOX 58538 Webster, TX 77598

Date of Last Payment: 11/25/2024						Amount of Last Payment: -2.08		
Patient:		Rendering P	hysician:		Chart Number:	Place of Service:	Date of Bi	irth:
SHAMMI	AHMED	AHMED A. MORSY MD		AHMSH000	CLS HEALTH	07/04/197	07/04/1979	
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption			Patient Deductible	Friday Adjustments Remainder		emainder
09/29/22		X-ray exam ribs/chest4/> ws		168.00		-39.23	-103.77	5.00
Patient:		Rendering Physician: Chart Number:			Chart Number:	Place of Service: Date of Birth:		
SHAMMI	AHMED	AHMED A. MORSY MD		AHMSH000	CLS HEALTH	07/04/1979		
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier		Patient Deductible	Friday	Adjustments Re	emainder
03/14/24	99999	NO SHOW		25.00	-	0.00	-	25.00
Patient:		Rendering Physician: C		Chart Number:	Place of Service:	Date of Bi	Date of Birth:	
SHAMMI	AHMED	HMED AHMED A. MORSY MD		AHMSH000	CLS HEALTH	07/04/197	07/04/1979	
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	BLUE	Adjustments Re	em ainde r
03/28/24	99215	OFFICE VISIT EST/LEVEL 5		546.00	-44.87	-78.35	-434.07	-11.29
06/25/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-45.00	-78.35	-434.07	-11.42
06/25/24	20610	Drain/inj joint/bursa w/o us	LT	199.00	-21.00	-47.20	-140.00	-9.20
06/25/24	J3301	Triamcinolone acet inj nos		12.00		-3.61	-6.84	1.55
Patient:	atient: Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
SHAMMI	AHMED	AHMED A. N	MORSY M	ID	AHMSH000	CLS HEALTH	07/04/197	'9
					Paid By Applied to		Paid by ENLYSTA	

Modifier Charge Patient Deductible

25.00

BLUE

0.00

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Amount Due

Adjustments Remainder

25.00

24.64