

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

ADA N. CASTRO 9011 HOLLOCK ST HOUSTON, TX 77075-1609

Rendering Physician:

JIHAD M. HARMOUCHE MD

Date of Last Payment: 10/24/2024

Patient:

Dates

08/14/24

99214

Procedure Desciption

OFFICE VISIT EST/LEVEL 4

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

ADA N. CASTRO

l	Statement Date	Invoice Number	Page	
	02/10/2025	CLS ALBAD000	1	
Ī	Guarantor	Due Date	Payment Due	

Pay Online						
Go to: cls.health/payment or scan the QR Code						

Make Checks Payable To:

-4.52

Date of Birth:

04/28/1997

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

**CLS HEALTH** 

Amount of Last Payment:

1				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments Remainder	
05/17/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-70.00	-161.03	-341.97	-70.00
06/05/23	58562	HYSTEROSCOPY REMOVE FB	1,330.0	-302.00 -344.53	0.00	-985.47	42.53
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	irth:
ADA N. CASTRO		JIHAD M. H.	HARMOUCHE MD ALBAD000		CLS HEALTH	04/28/1997	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments R	em ainder
08/14/24	87481	Candida dna amp probe	525.00		-72.38	-428.50	24.12
08/14/24	87491	Chylmd trach dna amp probe	105.00		-14.48	-85.70	4.82
08/14/24	87511	Gardner vag dna amp probe	105.00		-14.48	-85.70	4.82
08/14/24	87529	HSV, DNA, AMP Probe	210.00		-28.95	-171.40	9.65
08/14/24	87591	N. g onorrhea dna amp probe	105.00		-14.48	-85.70	4.82
08/14/24	87640	Staph a dna amp probe	105.00		-14.48	-85.70	4.82
08/14/24	87653	Strep b dna amp probe	105.00		-14.48	-85.70	4.82
08/14/24	87661	Trichomonas vaginalis amplification	105.00		-14.48	-85.70	4.82
08/14/24	87798	Detect agent nos dna amp	1,995.0		-188.17	-1,744.11	62.72
<u> </u>							
Patient:		Rendering Pl	hysician:	Chart Number:	Place of Service:	Date of B	irth:
ADA N. CASTRO		JIHAD M. HARMOUCHE MD		ALBAD000	<b>CLS HEALTH</b>	04/28/199	<b>3</b> 7

Paid By Applied to

-10.00

Modifier Charge Patient Deductible

387.00

Paid by

**BLUE** 

-83.54

Chart Number:

ALBAD000

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

Amount Due

Adjustments Remainder

-10.00

-303.46

Continued