



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

ARISHA F. AHMED
2309 PINEY WOODS DR
PEARLAND, TX 77581-5850

(281)224-0361

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS AHMAR000 | 1 |
| Guarantor | Due Date | Payment Due |
| ARISHA F. | Upon Receipt | 97.99 |

| 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: 6/13/2024 | | | Amount of Last Payment: -15.44 | | |
|---------------------------------|----------------------|---------------|--------------------------------|----------------|--|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: | |
| ARISHA F. AHMED | NISARG PATEL MD | AHMAR000 | CLS HEALTH | 07/05/2009 | |

| Dates | Procedure | Description | Modifier | Charge | Paid By Applied to Patient Deductible | Paid by BLUE | Adjustments | Remainder |
|----------|-----------|-------------------------------|----------|---------|---------------------------------------|--------------|-------------|-----------|
| 04/04/24 | 87637 | SARSCOV2&INF A&B&RSV AMP PRB | | 428.00 | | -114.11 | -285.37 | 28.52 |
| 04/04/24 | 87651 | Strep a dna amp probe | | 105.00 | | -15.44 | -85.70 | 3.86 |
| 04/04/24 | 87581 | M.PNEUMON, DNA, AMP PROBE | | 105.00 | | -15.44 | -85.70 | 3.86 |
| 04/04/24 | 87798 | Detect agent nos dna amp | | 1,260.0 | | -185.28 | -1,028.41 | 46.31 |
| 04/04/24 | 87486 | CHYLM D PNEUM, DNA, AMP PROBE | 59 | 105.00 | | -15.44 | -85.70 | 3.86 |
| 04/04/24 | 87498 | ENTEROVIRUS, DNA, AMP PROBE | 59 | 105.00 | | -15.44 | -85.70 | 3.86 |
| 04/04/24 | 87541 | LEGION PNEUMO, DNA, AMP PROB | | 105.00 | | -15.44 | -85.70 | 3.86 |
| 04/04/24 | 87641 | MR-staph dna amp probe | | 105.00 | | -15.44 | -85.70 | 3.86 |

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 |
|------------|
| 97.99 |