



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

AYAT ABURYAN  
108 ROYAL CT  
FRIENDSWOOD, TX 77546-3829

(832)607-8495

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAY000	1
Guarantor	Due Date	Payment Due
AYAT ABURYAN	Upon Receipt	984.61

#### Pay Online

Go to: [cls.health/payment](https://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:	2/28/2023	Amount of Last Payment:	-112.00
-----------------------	-----------	-------------------------	---------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AYAT ABURYAN	JIHAD M. HARMOUCHE MD	ABUAY000	CLS HEALTH	11/07/1987

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CASH	Adjustments	Remainder
02/08/23	99211	OFFICE VISIT - NEW PATIENT -	25	110.00			0.00	-10.00	100.00
02/08/23	96365	Ther/proph/diag iv inf init		193.00	-54.62		0.00	-127.00	11.38
02/28/23	99214	OFFICE VISIT EST/LEVEL 4		385.00			0.00	-285.00	100.00
02/28/23	96365	Ther/proph/diag iv inf init		193.00			0.00	-127.00	66.00
02/28/23	96366	THER/PROPH/DIAG IV INF ADDON		124.00			0.00	-81.82	42.18
02/28/23	96367	Tx/proph/dg addl seq iv inf		261.00			0.00	-171.90	89.10
02/28/23	J2405	Ondansetron hcl injection		4.00			0.00	-3.62	0.38
02/28/23	J2250	Inj midazolam hydrochloride		2.00			0.00	-1.68	0.32
02/28/23	S0028	Inj Famotidine 20mg		3.00			0.00	-2.00	1.00
02/28/23	J7030	Normal saline solution infus		16.00			0.00	-10.72	5.28
02/28/23	81003	Urinalysis auto w/o scope	QW	7.00			0.00	-4.67	2.33
02/28/23	76801	OB US < 14 WKS SINGLE FETUS		358.00			0.00	-235.65	122.35

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AYAT ABURYAN	JIHAD M. HARMOUCHE MD	ABUAY000	CLS HEALTH	11/07/1987

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CASH	Adjustments	Remainder
02/07/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-125.00		0.00	-253.00	125.00
02/28/23	99214	OFFICE VISIT EST/LEVEL 4		385.00			0.00	-285.00	100.00
02/28/23	96365	Ther/proph/diag iv inf init		193.00			0.00	-127.00	66.00
02/28/23	96366	THER/PROPH/DIAG IV INF ADDON		124.00	-11.24		0.00	-81.82	30.94
02/28/23	76801	OB US < 14 WKS SINGLE FETUS		358.00			0.00	-235.65	122.35

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](https://cls.health/payment)

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

Amount Due

**984.61**