



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

YAZAN Z. ALAHMAD
3300 PEBBLEBROOK DR APT 28
SEABROOK, TX 77586-6049

(832)564-9197

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAYA000	1
Guarantor	Due Date	Payment Due
YAZAN Z.	Upon Receipt	578.48

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:	12/11/2024	Amount of Last Payment:	-10.00
-----------------------	------------	-------------------------	--------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
YAZAN Z. ALAHMAD	MAHMOOD DWEIK MD	ALAYA000	CLS HEALTH	03/29/1986

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
04/22/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-63.90	-48.97	-114.26	-333.77	-14.93
10/05/22	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-45.00		-78.09	-451.44	-11.53
10/29/23	94660	Pos airway pressure cpap		191.00			-39.04	-135.23	16.73
10/30/23	99215	OFFICE VISIT EST/LEVEL 5		540.00			-78.09	-428.44	33.47

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
YAZAN Z. ALAHMAD	MOUSTAFA M. AHMED MD	ALAYA000	CLS HEALTH	03/29/1986

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
12/05/22	99991	NO SHOW		150.00			0.00		150.00
12/01/22	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00			-93.73	-240.10	40.17
12/22/22	64493	Inj paravert f jnt l/s 1 lev	50	534.00			-185.78	-301.78	46.44
12/22/22	64494	Inj paravert f jnt l/s 2 lev	50	274.00			-125.62	-116.98	31.40
12/22/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			-0.64	-0.08	0.28
01/06/23	64493	Inj paravert f jnt l/s 1 lev	50	534.00			-185.78	-301.78	46.44
01/06/23	64494	Inj paravert f jnt l/s 2 lev	50	274.00			-125.62	-116.98	31.40
01/06/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			-0.64	-0.08	0.28

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
YAZAN Z. ALAHMAD	MOUSTAFA M. AHMED MD	ALAYA000	CLS HEALTH	03/29/1986

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
12/01/22	G0483	Drug test def 22+ classes		741.00			-108.65	-605.19	27.16

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

Continued