

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

MARIA M. ASCENCIO 723 2ND AVE N TEXAS CITY, TX 77590-7628

Rendering Physician:

(409)526-2580

Date of Last Payment:

Patient:

| Statement Date | Invoice Number | Page | |
|----------------|----------------|-------------|--|
| 02/10/2025 | CLS ASCMA000 | 1 | |
| | | | |
| Guarantor | Due Date | Payment Due | |

| Pay Online | |
|-----------------------------------------------|-------|
| Go to: cls.health/payment or scan the QR Code | |
| | 国 经进业 |

Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: 0.00

| MARIA M | I. ASCENCI | O JIHAD M. I | HARMOUC | HE MD | ASCMA000 | MAINLAND | 09/14/19 | 977 |
|----------|------------|--------------------------------------|----------|---------|--------------------|----------|-------------|-----------|
| | | | | | Paid By Applied to | Paid by | | |
| Dates | Procedure | Desciption | Modifier | Charge | Patient Deductible | TMHP | Adjustments | Remainder |
| 11/07/22 | 99220 | Observation, Initial - High Severity | 57 | 550.00 | | 0.00 | -358.03 | 191.97 |
| 11/07/22 | 59151 | TREAT ECTOPIC PREGNANCY | | 2,425.0 | | 0.00 | -1,616.60 | 808.40 |
| | | | | | | | | |

Chart Number:

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

1,000.37