

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

HEBAH S. ATMEH 270 EL DORADO BLVD APT 1008 WEBSTER, TX 77598-2256

Rendering Physician:

Have a question about your balance, or need to update your insurance information with us?

(832)903-5533

Date of Last Payment: 10/18/2024

Patient:

Call 281-694-5986

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

Statement Date	Invoice Number	Page		
02/10/2025	CLS ATMHE000	1		
Guarantor	Due Date	Payment Due		

Pay Online	
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Make Checks Payable To:

Date of Birth:

Amount Due

Continued

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: 0.00

HEBAH S. ATMEH		JIHAD M. HARMOUCHE MD		ATMHE000	CLS HEALTH 03/31/1994		94	
Dates	Procedure	Desciption	Modifier C		Paid By Applied to Patient Deductible	Paid by Ambetter	Adjustments R	emainder
07/13/22	99214	OFFICE VISIT EST/LEVEL 4	4	400.00	-5.00	-133.20	-266.80	-5.00
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:		
HEBAH S. ATMEH		JIHAD M. HARMOUCHE MD		ATMHE000	CLS HEALTH	03/31/1994		
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier C	harge	Patient Deductible	Ambetter	Adjustments R	emainder
06/15/22	76801	OB US < 14 WKS SINGLE FETUS	TC 2	227.00	-10.00	-45.10	-162.57	9.33
06/16/22	76801	OB US < 14 WKS SINGLE FETUS	26	148.00		-29.41	-105.99	12.60
Patient:		Rendering Physician:		Chart Number:	art Number: Place of Service:		Date of Birth:	
HEBAH S	. ATMEH	JIHAD M. HARMOUCHE MD		ATMHE000	CLS HEALTH	03/31/1994		
					Paid By Applied to	Paid by		
Dates	Procedure			Patient Deductible	Ambetter Adjustments Remaine		em ainde r	
10/08/22	99214	OFFICE VISIT EST/LEVEL 4	4	400.00	-5.00	-133.20	-266.80	-5.00
10/22/22	99214	OFFICE VISIT EST/LEVEL 4	4	400.00	-5.00	-133.20	-266.80	-5.00
11/05/22	99214	OFFICE VISIT EST/LEVEL 4	4	400.00	-5.00	-133.20	-266.80	-5.00
11/30/22	76815	Ob us limited fetus(s)	2	248.00		-51.60	-174.28	22.12
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:		
HEBAH S	. ATMEH	JIHAD M. HARMOUCHE MD		ATMHE000	CLS HEALTH	03/31/1994		
Dates	Procedure	Desciption	Modifier C		Paid By Applied to Patient Deductible	Paid by CASH	Adjustments R	emainder

Chart Number: