



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

KHALID ALZWAHEREH
1 SIGNATURE POINT DR APT 402
LEAGUE CITY, TX 77573-6510

(310)666-6972

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZKH000	1
Guarantor	Due Date	Payment Due
KHALID	Upon Receipt	264.11

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Date of Last Payment:	12/11/2024	Amount of Last Payment:	-563.88
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALID ALZWAHEREH	JACQUELINE M. WEGGE MD	ALZKH000	CLS HEALTH	11/11/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by CORE	Adjustments	Remainder
09/28/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00		-52.42	-205.58	25.00
09/28/22	J3301	Triamcinolone acet inj nos		3.00		-1.11	-1.77	0.12
09/28/22	11900	Inject skin lesions </w 7		179.00		-56.38	-116.36	6.26

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALID ALZWAHEREH	MAHMOOD DWEIK MD	ALZKH000	CLS HEALTH	11/11/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder
06/26/23	99215	OFFICE VISIT EST/LEVEL 5		540.00		-199.75	-300.25	40.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALID ALZWAHEREH	JACQUELINE M. WEGGE MD	ALZKH000	CLS HEALTH	11/11/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder
03/25/24	99213	OFFICE VISIT EST/LEVEL 3	25	274.00		-78.90	-155.10	40.00
03/25/24	12051	Intmd rpr face/mm 2.5 cm<		855.00		-296.51	-484.36	74.13
03/25/24	11441	Exc face-mm b9+marg 0.6-1 cm		528.00		-49.75	-465.81	12.44

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALID ALZWAHEREH	ROHIT R. DHIR MD	ALZKH000	CLS HEALTH	11/11/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder
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