

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

SAMIH Y. AL SHAWWA 15571 PENSGATE ST HOUSTON, TX 77062-4024

(281)854-4232

08/25/23

OFFICE VISIT EST/LEVEL 5

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

99215

	Statement Date	Invoice Number	Page		
	02/10/2025	CLS ALSSA001	1		
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	Guarantor	Due Date	Payment Due		

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CLS HEALTH PLLC PO BOX 58538

Webster, TX 77598

						VVE	Webster, 1X 11390					
Date of Last Payment: 9/30/2024 Amount of Last Payment: -20.00												
Patient:			Rendering P	hysician:		Chart Number:	Pl	ace of Service:	Date of	Birth:		
SAMIH Y. AL SHAWWA			REGINA PILLAI MD ALSSA001			CLS HEALTH		07/20/1945				
						Paid By Applied to	Paid by					
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	•		Adjustments	Remainder		
05/04/22	99214	OFFICE VISIT	EST/LEVEL 4	25	400.00		-105.50		-267.86	26.64		
Patient:			Rendering P	hysician:		Chart Number:	Pl	ace of Service:	Date of	Birth:		
SAMIH Y.	AL SHAW	/WA	REGINA R.	PILLAI M	D	ALSSA001	CI	S HEALTH	07/20/1	945		
						Paid By Applied to	Paid by					
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	MEDICARE		Adjustments Remainder			
04/27/22	71046	X-ray exam ches	st 2 views		107.00	-7.1	1 -28.15		-71.74	7.11		
Patient:			Rendering P	hysician:		Chart Number:	Pl	ace of Service:	Date of	Birth:		
SAMIH Y. AL SHAWWA		REGINA PILLAI MD		ALSSA001	001 CLS HEALTH		07/20/1945					
						Paid By Applied to	Paid by					
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	MEDICARE		Adjustments	Remainder		
05/04/22	94060	Evaluation of wh	neezing		123.00		-32.37		-82.45	8.18		
05/04/22	94726	Pulm funct tst pl	lethysmog rap		172.00		-45.32		-115.24	11.44		
05/04/22	94729	Co/membane di	ffuse capacity		185.00		-48.74		-123.95	12.31		
05/04/22	J7613	Albuterol non-co	omp unit		2.00		-0.07		-1.91	0.02		
Patient: Rendering Physicia		-		Chart Number:	Pl	ace of Service:	Date of	Birth:				
		OMAR ALB	R ALBUSTAMI MD ALSS		ALSSA001	CI	S HEALTH	07/20/1	945			
						Paid By Applied to	Paid by					
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	WellMed		Adjustments	Remainder		

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

25

540.00

-20.00

-177.51

Continued

Amount Due

-20.00

-362.49