

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

MOHAMMAD BABA 1608 GARDEN GLEN LN PEARLAND, TX 77581-6559

(832)439-3182

Date of Last Payment: 6/30/2024

05/14/24 43239

Statement Date	Invoice Number	Page		
02/10/2025	CLS BABMO000 1			
Guarantor	Due Date	Payment Due		

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Amount of Last Payment: -1,069.58

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

						1,000.00	
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birt	h:
MOHAMN	IAD BABA	MAHMOOD	DWEIK MD	BABMO000	CLS HEALTH	11/02/1964	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	CORE	Adjustments Ren	nainder
02/08/23	95800	SIp stdy unattended	450.00		-324.00	-90.00	36.00
Patient:		Rendering P	Rendering Physician: Chart Number		Place of Service: Date of Birth:		h:
MOHAMN	MAD BABA	MAHMOOD	DWEIK MD	BABMO000	CLS HEALTH	11/02/1964	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	CORE	Adjustments Ren	nainder
02/08/23	99245	OFFICE CONSULTATION/LEVEL 5	497.00		-200.00	-272.00	25.00
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birt	h:
MOHAMN	MAD BABA	MAHMOOD	DWEIK MD	BABMO000	CLS HEALTH	11/02/1964	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	ENTRUST	Adjustments Ren	nainder
07/23/23	95811	Polysom 6/>yrs cpap 4/> parm	1,919.0		-694.06	-1,051.42 1	173.52
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birt	h:
MOHAMN	IAD BABA	ZEID F. KAF	RADSHEH MD	BABMO000	BAY AREA	11/02/1964	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	ENTRUST	Adjustments Ren	nainder

419.00

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

Egd biopsysingle/multiple

283.31

Amount Due

-175.05

48.79

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

-195.16