



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

SUHA A. ALOBEIDI
1601 BEL RIPOSO LN
LEAGUE CITY, TX 77573-4797

(832)419-7842

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALOSU000 | 1 |
| Guarantor | Due Date | Payment Due |
| SUHA A. | Upon Receipt | 20.00 |

| Pay Online | |
|---|---|
| Go to: cls.health/payment or scan the QR Code |  |
| Make Checks Payable To: | |
| CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598 | |

| Date of Last Payment: 12/3/2024 | | | Amount of Last Payment: -20.36 | | |
|---------------------------------|----------------------|---------------|--------------------------------|----------------|--|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: | |
| SUHA A. ALOBEIDI | TAREK M. HUSSEIN DPT | ALOSU000 | CLS HEALTH | 04/19/1969 | |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|------------------------|----------|--------|---------|------------|---------|-------------|-----------|
| | | | | | Patient | Deductible | Communi | | |
| 09/19/22 | 97032 | Electrical stimulation | GP | 46.00 | -20.00 | | -12.27 | -33.73 | -20.00 |
| 09/19/22 | 97530 | Therapeutic activities | GP | 117.00 | | | -7.73 | -89.27 | 20.00 |
| 09/26/22 | 97032 | Electrical stimulation | GP | 46.00 | -20.00 | | 0.00 | -33.73 | -7.73 |
| 09/26/22 | 97110 | Therapeutic exercises | GP | 186.00 | | | -39.91 | -138.36 | 7.73 |
| 10/03/22 | 97032 | Electrical stimulation | GP | 46.00 | -20.00 | | 0.00 | -33.73 | -7.73 |
| 10/03/22 | 97110 | Therapeutic exercises | GP | 186.00 | | | -39.91 | -138.36 | 7.73 |
| 10/06/22 | 97032 | Electrical stimulation | GP | 46.00 | -20.00 | | 0.00 | -33.73 | -7.73 |
| 10/06/22 | 97110 | Therapeutic exercises | GP | 186.00 | | | -39.91 | -138.36 | 7.73 |
| 12/12/22 | 97032 | Electrical stimulation | GP | 46.00 | | | 0.00 | -33.73 | 12.27 |
| 12/12/22 | 97110 | Therapeutic exercises | GP | 93.00 | | | -16.09 | -69.18 | 7.73 |

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 |
|------------|
| 20.00 |