




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

SHARON O. AHMED
1714 W LANG ST
ALVIN, TX 77511-5728

(346)441-7027

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMSH002	1
Guarantor	Due Date	Payment Due
SHARON O.	Upon Receipt	93.40

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Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 12/17/2024			Amount of Last Payment: -89.32	
Patient: SHARON O. AHMED	Rendering Physician: GERARD ABREO MD	Chart Number: AHMSH002	Place of Service: CLS HEALTH	Date of Birth: 04/29/1975

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
03/19/24	99204	OFFICE VIST NEW LEVEL 4		507.00	-34.35		-132.50	-340.70	-0.55
03/19/24	93000	Electrocardiogram complete		43.00			-11.33	-28.78	2.89
04/04/24	93306	Tte w/doppler complete		585.00			-152.90	-393.09	39.01
04/04/24	93248	Ext ecg>7d<15d rev&interpj		75.00			-19.68	-50.30	5.02
04/04/24	93246	Ext ecg>7d<15d recording		36.00			-9.38	-24.23	2.39
04/04/24	99211	OFFICE VISIT - NEW PATIENT -		70.00			-18.18	-47.18	4.64
11/20/24	99214	OFFICE VISIT EST/LEVEL 4		387.00			-89.32	-257.68	40.00

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

Call 281-694-5986

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

Amount Due
93.40