




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

NADA ALSAWAF
1608 GARDEN GLEN LN
PEARLAND, TX 77581-6559

(832)752-5828

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSNA000	1
Guarantor	Due Date	Payment Due
NADA ALSAWAF	Upon Receipt	2193.88

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: 11/6/2024	Amount of Last Payment: -40.00
---------------------------------	--------------------------------

Patient: NADA ALSAWAF	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALSNA000	Place of Service: BAYSHORE	Date of Birth: 12/06/1967
---------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CASH	Adjustments	Remainder
07/28/22	19301	Partial mastectomy		2,078.0	-165.17		0.00		1,912.83

Patient: NADA ALSAWAF	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALSNA000	Place of Service: CLS HEALTH	Date of Birth: 12/06/1967
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CORE	Adjustments	Remainder
08/17/22	99204	OFFICE VIST NEW LEVEL 4		521.00			-117.43	-378.57	25.00

Patient: NADA ALSAWAF	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALSNA000	Place of Service: CLS HEALTH	Date of Birth: 12/06/1967
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CORE	Adjustments	Remainder
11/16/22	99213	OFFICE VISIT EST/LEVEL 3	GT	283.00			-31.69	-226.31	25.00

Patient: NADA ALSAWAF	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ALSNA000	Place of Service: BAY AREA	Date of Birth: 12/06/1967
---------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by ENTRUST	Adjustments	Remainder
05/14/24	45385	Colonoscopy w/lesion removal		765.00			-473.98	-172.52	118.50
05/14/24	43239	Egd biopsy single/multiple		419.00			-195.16	-175.05	48.79

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
Continued