



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

MUHNAD ALSHAMMARI
2319 LOST BRIDGE LN
PEARLAND, TX 77584-1892

(832)939-5785

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSMU000	1
Guarantor	Due Date	Payment Due
MUHNAD	Upon Receipt	72.59

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Date of Last Payment: 7/7/2023	Amount of Last Payment: -53.05
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Patient: MUHNAD ALSHAMMARI	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ALSMU000	Place of Service: CLS HEALTH	Date of Birth: 09/20/1985
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UMR/	Adjustments	Remainder
03/03/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-50.01		0.00	-317.40	32.59

Patient: MUHNAD ALSHAMMARI	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ALSMU000	Place of Service: CLS HEALTH	Date of Birth: 09/20/1985
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Communi	Adjustments	Remainder
06/08/23	99213	OFFICE VISIT EST/LEVEL 3		272.00		-40.00	-53.05	-178.95	40.00

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Amount Due
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