

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

HAWA APPLETON 9801 W FAIRMONT PKWY APT 904 LA PORTE, TX 77571-4434

Rendering Physician:

Rendering Physician:

AHMED A. MORSY MD

(980)365-3119

Date of Last Payment: 12/4/2024

Procedure Desciption

OFFICE VIST NEW LEVEL 5

Patient:

Dates

07/22/24

Patient:

HAWA APPLETON

Call 281-694-5986

To make a payment online, go to cls.health/payment

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

99205

Statement Date	Invoice Number	Page	
02/10/2025	CLS APPHA001	1	
Guarantor	Due Date	Payment Due	
ΗΔWΔ	Upon Receipt	99.43	

Pay Online	
Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

-89.64

Date of Birth:

Adjustments Remainder

Date of Birth:

Continued

-10.00

-506.78

04/21/1994

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment:

Place of Service:

Place of Service:

CLS HEALTH

Paid by

-162.22

BLUE

HAWA AF	PPLETON	AHMED A. N	MORSY N	/ID	APPHA001	CLS HEALTH	04/21/19	94
Dates	Procedure	Desciption	Modifier		Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments R	Remainder
07/22/24	72100	X-ray exam I-s spine 2/3 ws		119.00	-10.00	-24.41	-86.46	-1.87
07/22/24	72202	X-ray exam si joints 3/> ws		117.00	ı	-24.00	-85.00	8.00
07/22/24	73130	X-ray exam of hand	RT	111.00	ı	-22.58	-80.90	7.52
07/22/24	73130	X-ray exam of hand	LT	111.00	1	-22.58	-80.90	7.52
Patient:		Rendering PI	-		Chart Number: Place of Service:		Date of Birth:	
HAWA APPLETON JIHAD M. HARMOU		ARMOUC	CHE MD	APPHA001	APPHA001 CLS HEALTH		04/21/1994	
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	: Charge	Patient Deductible	BLUE	Adjustments R	Remainder
07/22/24	87481	Candida dna amp probe		525.00	,	-72.38	-428.50	24.12
07/22/24	87491	Chylmd trach dna amp probe		105.00	1	-14.48	-85.70	4.82
07/22/24	87511	Gardner vag dna amp probe		105.00	1	-14.48	-85.70	4.82
07/22/24	87529	HSV, DNA, AMP Probe		210.00	1	-28.95	-171.40	9.65
07/22/24	87591	N. g onorrhea dna amp probe		105.00	1	-14.48	-85.70	4.82
07/22/24	87640	Staph a dna amp probe		105.00	1	-14.48	-85.70	4.82
07/22/24	87653	Strep b dna amp probe		105.00	1	-14.48	-85.70	4.82
07/22/24	87661	Trichomonas vaginalis amplification		105.00	ı	-14.48	-85.70	4.82
Have a question about your balance, or need to update your insurance information with us?					Amount Due			

Chart Number:

Chart Number:

APPHA001

Paid By Applied to

-10.00

Modifier Charge Patient Deductible

669.00