

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

OMAR MAKI I. AL RAHMANI 6775 YALE RD BARTLETT, TN 38134-2503

Rendering Physician:

(901)618-3155

Date of Last Payment: 3/6/2024

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ALROM000	1		
Guarantor	Due Date	Payment Due		

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

Make Checks Payable To:

Date of Birth:

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -398.21

OMAR MAKI I. AL		KHAN KHURRUM MD			ALROM000	MEMORIAL		10/18/1980	
Datas	Duanaduwa	Descintion	Madifia - Ch		Paid By Applied to	•			
Dates	Procedure	Desciption	Modifier Cr	iarge	Patient Deductible	Ambetter		Adjustments Re	emainder
01/02/24	99223	1ST HOSP IP/OBS HIGH 75	5	21.00		-130.15		-347.47	43.38
01/03/24	99232	SBSQ HOSP IP/OBS MODERATE 35	25 2	237.00		-59.26		-157.98	19.76
01/03/24	99306	Nursing Home Initital Visit Level 3	26 5	547.00		-208.80		-328.20	10.00

Chart Number:

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

73.14