



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

PHOUNG M. DINH
10206 SAGEGLOW DR
HOUSTON, TX 77089-5118

(281)481-4671

Statement Date	Invoice Number	Page
02/10/2025	CLS 0DIPH000	1
Guarantor	Due Date	Payment Due
PHOUNG M. DINH	Upon Receipt	3048.00

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Date of Last Payment:	Amount of Last Payment:
Patient: PHOUNG M. DINH	0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHOUNG M. DINH	MICHELLE ONORATO MD	0DIPH000	CLS HEALTH	04/01/1964

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by CASH	Adjustments	Remainder
				Charge	Patient Deductible			
05/07/24	87801	Detect agnt mult dna ampli		633.00		0.00		633.00
05/07/24	87640	Staph a dna amp probe	59	105.00		0.00		105.00
05/07/24	87651	Strep a dna amp probe	59	105.00		0.00		105.00
05/07/24	87641	MR-staph dna amp probe	59	105.00		0.00		105.00
05/07/24	87500	Vancomycin dna amp probe	59	105.00		0.00		105.00
05/07/24	87798	Detect agent nos dna amp	59	1,365.0		0.00		1,365.00
05/07/24	87653	Strep b dna amp probe	59	105.00		0.00		105.00
05/07/24	87481	Candida dna amp probe	59	525.00		0.00		525.00

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MIGUEL PENA MARTINEZ
611 KALMER ST
PASADENA, TX 77502-4930

(832)561-6819

Statement Date	Invoice Number	Page
02/10/2025	CLS 0PEMI000	1
Guarantor	Due Date	Payment Due
MIGUEL PENA	Upon Receipt	25.00

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Date of Last Payment: 11/25/2024

Amount of Last Payment: -25.78

Patient: MIGUEL PENA MARTINEZ	Rendering Physician: DAVID HAMER MD	Chart Number: 0PEMI000	Place of Service: CLS HEALTH	Date of Birth: 06/13/1953
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELCARE
04/30/24	93294	Rem interrog evl pm/dls pm		88.00	-4.71		-58.29	25.00

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SCOTT AARON
10914 STUBBY CIR
MONTGOMERY, TX 77356-4761

(254)781-9625

Statement Date	Invoice Number	Page
02/10/2025	CLS AARSC000	1
Guarantor	Due Date	Payment Due
SCOTT AARON	Upon Receipt	87.01

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 5/22/2024	Amount of Last Payment: -258.85
Patient: SCOTT AARON	Rendering Physician: BASHAR ZLEIK MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TRICARE		
04/10/24	99291	CRITICAL CARE 1ST HOUR		643.00		-140.98	-466.78	35.24
04/11/24	99291	CRITICAL CARE 1ST HOUR		643.00		-140.98	-466.78	35.24
04/12/24	95717	Eeg phys/qhp 2-12 hr w/o vid		317.00		-66.10	-234.37	16.53

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BRENDA AASER
407 CORAL LILLY DR
LEAGUE CITY, TX 77573-5959

(281)650-4504

Statement Date	Invoice Number	Page
02/10/2025	CLS AASBR000	1
Guarantor	Due Date	Payment Due
BRENDA AASER	Upon Receipt	194.34

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Date of Last Payment:	9/16/2022	Amount of Last Payment:	-261.87
Patient: BRENDA AASER	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AASBR000	Place of Service: UTMB

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BEECH		
08/05/22	99223	INITIAL HOSPITAL/HIGH		609.00		-389.76	-121.80	97.44
08/06/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-252.00		63.00
08/07/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-281.10		33.90

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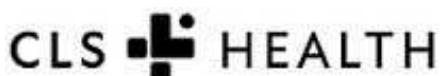
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194.34



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AUSTIN P. ABBOTT
5104 PALMETTO ST
BELLAIRE, TX 77401-3332

(832)613-7735

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBAU000	1
Guarantor	Due Date	Payment Due
AUSTIN P.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AUSTIN P. ABBOTT	ABDELNASER ELKHALILI MD	ABBAU000	CLS HEALTH	05/07/1998
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/18/21	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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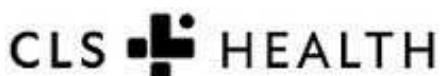
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25.00



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JOAN ABBADESSA
4949 FM 2351 RD
FRIENDSWOOD, TX 77546-2800

(409)978-0701

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBJO002	1
Guarantor	Due Date	Payment Due
JOAN	Upon Receipt	13.95

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Date of Last Payment: 12/15/2023

Amount of Last Payment: -54.71

Patient: JOAN ABBADESSA	Rendering Physician: BAHAEDDIN SHABANEH MD	Chart Number: ABBJO002	Place of Service: MEMORIAL	Date of Birth: 09/20/1930
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Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
10/01/23	93306	Tte w/doppler complete	26	230.00		-54.71	-161.34	13.95

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13.95



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KHALIL J. ABOUD
PO BOX 571151
HOUSTON, TX 77257-1151

(832)814-4729

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBKH000	1
Guarantor	Due Date	Payment Due
KHALIL J.	Upon Receipt	112.58

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Date of Last Payment: 5/2/2024

Amount of Last Payment: 0.00

Patient: KHALIL J. ABOUD	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: ABBKH000	Place of Service: CLS HEALTH	Date of Birth: 09/12/1978
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by UNITED	Adjustments	Reminder	
09/11/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-212.00	-127.40	0.00	-375.60	-84.60
09/11/23	81003	Urinalysis auto w/o scope	QW	7.00		-1.88	0.00	-5.12	1.88

Patient: KHALIL J. ABOUD	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: ABBKH000	Place of Service: CLS HEALTH	Date of Birth: 09/12/1978
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by UNITED	Adjustments	Reminder	
01/26/24	52000	Cystoscopy		718.00		-195.30	0.00	-522.70	195.30

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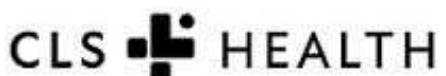
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Amount Due

112.58



PO BOX 58538
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MARCUS ABBEY
359 TIC CA ITHCE VLG
LIVINGSTON, TX 77351-6496

(936)563-3847

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBMA002	1
Guarantor	Due Date	Payment Due
MARCUS ABBEY	Upon Receipt	308.14

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Date of Last Payment:	Amount of Last Payment:
	0.00

Patient: MARCUS ABBEY	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ABBMA002	Place of Service: UTMB	Date of Birth: 05/28/1986
---------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
11/28/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99

Patient: MARCUS ABBEY	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ABBMA002	Place of Service: UTMB	Date of Birth: 05/28/1986
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
11/27/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15

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Amount Due

308.14



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281-694-5986

RANDI J. ABBOTT
1202 S JOHNSON ST
ALVIN, TX 77511-3341

(346)289-9047

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBRA000	1
Guarantor	Due Date	Payment Due
RANDI J. ABBOTT	Upon Receipt	260.69

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Date of Last Payment: 3/19/2024	Amount of Last Payment: -608.26
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Patient: RANDI J. ABBOTT	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ABBRA000	Place of Service: CLEAR LAKE	Date of Birth: 09/20/1963
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	KELSEY		
01/20/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-87.36	-232.20	37.44
01/21/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-87.36	-232.20	37.44
01/22/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-87.36	-232.20	37.44
01/23/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-87.36	-232.20	37.44
01/24/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-87.36	-232.20	37.44
01/25/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-87.36	-232.20	37.44
01/26/24	99239	HOSP IP/OBS DSCHRG MGMT >30		343.00		-84.10	-222.85	36.05

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Amount Due
260.69



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SUSAN M. ABBAS
2700 ROLLINGBROOK DR
BAYTOWN, TX 77521-3670

(832)597-4307

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBSU000	1
Guarantor	Due Date	Payment Due
SUSAN M.	Upon Receipt	357.66

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Date of Last Payment: 12/30/2024					Amount of Last Payment: -8.65		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
SUSAN M. ABBAS		MOUSTAFA M. AHMED MD		ABBSU000	CLS HEALTH	04/16/1954	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MOLINA	Adjustments Remainder
04/24/23	72146	Mri chest spine w/o dye		601.00		-165.19	-398.96 36.85
05/09/23	72148	Mri lumbar spine w/o dye		602.00		-165.46	-399.28 37.26
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
SUSAN M. ABBAS		MOUSTAFA M. AHMED MD		ABBSU000	CLS HEALTH	04/16/1954	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MOLINA	Adjustments Remainder
04/06/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00		-134.67	-333.98 34.35
06/01/23	J2001	Lidocaine injection	59	2.00		-0.05	-1.94 0.01
06/01/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		-0.40	-2.50 0.10
07/14/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-103.17	-255.51 26.32
09/22/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-103.17	-255.51 26.32
12/14/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-103.17	-255.51 26.32
02/06/24	64493	Inj paravert f jnt l/s 1 lev	RT	533.00		-139.53	-357.95 35.52
02/06/24	64494	Inj paravert f jnt l/s 2 lev	RT	274.00		-72.17	-183.56 18.27
02/06/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.10	-0.88 0.02
02/06/24	J2001	Lidocaine injection	59	1.00		-0.02	-0.97 0.01
08/08/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-102.81	-257.96 26.23
10/03/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-102.81	-257.96 26.23

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SUSAN M. ABBAS
2700 ROLLINGBROOK DR
BAYTOWN, TX 77521-3670

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Statement Date	Invoice Number	Page
02/10/2025	CLS ABBSU000	2
Guarantor	Due Date	Payment Due
SUSAN M.	Upon Receipt	357.66

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUSAN M. ABBAS	MOUSTAFA M. AHMED MD	ABBSU000	CLS HEALTH	04/16/1954

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MOLINA		
05/01/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-206.34	-152.34	26.32

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUSAN M. ABBAS	CATHERINE I. AGALA FNP-C	ABBSU000	CLS HEALTH	04/16/1954

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MOLINA		
10/20/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-22.37	-87.70	-274.93	22.37

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUSAN M. ABBAS	MOUSTAFA M. AHMED MD	ABBSU000	CLS HEALTH	04/16/1954

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MOLINA		
02/13/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-112.63	-259.21	15.16

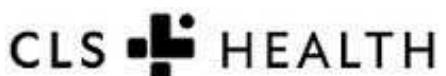
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Amount Due

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PO BOX 58538
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281-694-5986

WANDA ABBOTT
640 WARSAW ST
HITCHCOCK, TX 77563-2606

(512)574-7430

Statement Date	Invoice Number	Page
02/10/2025	CLS ABBWA000	1
Guarantor	Due Date	Payment Due
WANDA ABBOTT	Upon Receipt	15.00

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Webster, TX 77598

Date of Last Payment: 7/21/2023		Amount of Last Payment: -153.63					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
WANDA ABBOTT	ROBERT A. DARLING MD	ABBWA000	CLS HEALTH	04/24/1949			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Devoted	Adjustments	Reminder
07/06/23	99204	OFFICE VIST NEW LEVEL 4	503.00		-153.63	-334.37	15.00

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ABDUL ABDELLATIF
3426 PIN OAK SHADOW LN
HOUSTON, TX 77059-3308

(281)726-6171

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDAB000	1
Guarantor	Due Date	Payment Due
ABDUL	Upon Receipt	205.69

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Date of Last Payment: 10/23/2023

Amount of Last Payment: 0.00

Patient: ABDUL ABDELLATIF	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ABDAB000	Place of Service: BAY AREA	Date of Birth: 10/18/1971
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder
09/05/23	45380	Colonoscopy and biopsy		602.00	-205.69	0.00	-396.31	205.69

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PO BOX 58538
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AHMAD S. ABDELHALIM
6010 SAINT ANDREWS DR
PASADENA, TX 77505-4802

(281)660-4055

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDAH000	1
Guarantor	Due Date	Payment Due
AHMAD S.	Upon Receipt	10.00

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Date of Last Payment: 1/6/2023

Amount of Last Payment: -68.93

Patient: AHMAD S. ABDELHALIM	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ABDAH000	Place of Service: CLS HEALTH	Date of Birth: 09/23/1997
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder	
				GT	Charge	Patient Deductible	MOLINA		
11/21/22	99245	OFFICE CONSULTATION/LEVEL 5		497.00		-142.44		-344.56	10.00

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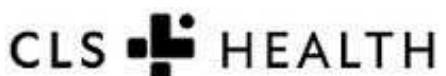
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10.00



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AHMED ABDELRAZZAQ
2802 LEAFY GLEN DR
HOUSTON, TX 77059-3551

(713)591-4458

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDAH001	1
Guarantor	Due Date	Payment Due
AHMED	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
AHMED ABDELRAZZAQ	MOUSTAFA M. AHMED MD	ABDAH001	CLS HEALTH	10/31/1987			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by POINT	Adjustments	Remainder
03/20/23	99999	NO SHOW	25.00		0.00		25.00

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ARAFAT A. ABDULLATIF
3247 MOSSY ELM CT
HOUSTON, TX 77059-3229

(281)777-3634

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDAR000	1
Guarantor	Due Date	Payment Due
ARAFAT A.	Upon Receipt	19.66

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Date of Last Payment: 7/5/2024

Amount of Last Payment: -81.00

Patient: ARAFAT A. ABDULLATIF	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ABDAR000	Place of Service: CLS HEALTH	Date of Birth: 05/03/1963
---	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
01/18/22	73565	X-ray exam of knees		129.00		-14.42	-94.58	20.00
07/01/22	73565	X-ray exam of knees		129.00		-14.42	-94.58	20.00

Patient: ARAFAT A. ABDULLATIF	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ABDAR000	Place of Service: CLS HEALTH	Date of Birth: 05/03/1963
---	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
07/01/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-20.00	-187.73	-375.27	-20.00

Patient: ARAFAT A. ABDULLATIF	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ABDAR000	Place of Service: CLEAR LAKE	Date of Birth: 05/03/1963
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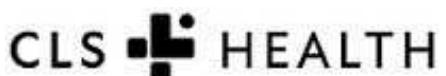
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
07/14/22	27447	Total knee arthroplasty	RT	4,010.0	-134.00	-1,202.98	-2,673.36	-0.34

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19.66



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281-694-5986

BASEL ABDALFATAH
1011 POINT ISABEL LN
FRIENDSWOOD, TX 77546-7897

(713)906-4081

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDBA000	1
Guarantor	Due Date	Payment Due
BASEL	Upon Receipt	216.98

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Date of Last Payment: 12/18/2024

Amount of Last Payment: -45.00

Patient: BASEL ABDALFATAH	Rendering Physician: MAHESWARY	Chart Number: ABDBA000	Place of Service: CLEAR LAKE	Date of Birth: 09/27/1986
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
05/30/22	99236	Hosp/Obs - Admit/Disch Same Day Level		651.00		0.00	-434.02	216.98

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CHIQUITA Q. ABDULAI
17911 KINGS PARK LN APT 1402
HOUSTON, TX 77058-3143

(701)429-1905

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDCH000	1
Guarantor	Due Date	Payment Due
CHIQUITA Q.	Upon Receipt	289.44

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Date of Last Payment: 10/22/2024					Amount of Last Payment: -321.69	
Patient: CHIQUITA Q. ABDULAI	Rendering Physician: NISARG PATEL MD		Chart Number: ABDCH000	Place of Service: UTMB		Date of Birth: 10/07/1974

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Reminder
07/25/22	99220	Observation, Initial - High Severity		550.00		0.00	-358.03	191.97

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
CHIQUITA Q. ABDULAI	REMY TEQWIMUAH MD	ABDCH000	UTMB	10/07/1974				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Reminder

07/26/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-146.56	73.44
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
CHIQUITA Q. ABDULAI	TAREK M. HUSSEIN DPT	ABDCH000	CLS HEALTH	10/07/1974				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Reminder

01/18/23	97032	Electrical stimulation	GP	44.00	-65.00	-8.08	-32.45	-61.53
01/18/23	97110	Therapeutic exercises	GP	89.00		-13.31	-69.99	5.70
01/18/23	97162	Pt eval mod complex 30 min	GP	304.00		-55.86	-224.20	23.94
01/18/23	97140	Manual therapy 1/> regions	GP	82.00		-12.53	-64.10	5.37
01/18/23	97530	Therapeutic activities	GP	112.00		-12.96	-93.49	5.55

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
CHIQUITA Q. ABDULAI	JAWDAT HAFEZ DPM	ABDCH000	CLS HEALTH	10/07/1974				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder

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Amount Due

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CHIQUITA Q. ABDULAI
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HOUSTON, TX 77058-3143

(701)429-1905

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDCH000	2
Guarantor	Due Date	Payment Due
CHIQUITA Q.	Upon Receipt	289.44

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10/02/24	87481	Candida dna amp probe	525.00	-51.50	-428.50	45.00
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Amount Due

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DANIEL ABDEL MALAK
2006 TALL TIMBERS LN
PEARLAND, TX 77581-6542

(281)748-0083

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDDA001	1
Guarantor	Due Date	Payment Due
DANIEL ABDEL	Upon Receipt	40.97

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Date of Last Payment: 3/16/2021		Amount of Last Payment: -89.83					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
DANIEL ABDEL MALAK	JACQUELINE M. WEGGE MD	ABDDA001	CLS HEALTH	09/23/1998			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder	
02/08/21	11441	Exc face-mm b9+marg 0.6-1 cm	552.00	-5.00	-137.89	-368.14	40.97

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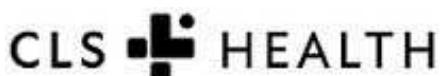
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Amount Due

40.97



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DINA R. ABDELMASSIH
107 CLEARVIEW AVE APT 1208
FRIENDSWOOD, TX 77546-4058

(201)920-9281

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDDI000	1
Guarantor	Due Date	Payment Due
DINA R.	Upon Receipt	50.00

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Date of Last Payment:	9/1/2023	Amount of Last Payment:	-73.40
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DINA R. ABDELMASSIH	ABDELNASER ELKHALILI MD	ABDDI000	CLS HEALTH	04/01/1986

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BRIGHT	Adjustments	Remainder
10/10/22	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DINA R. ABDELMASSIH	ZULFIQAR CHEEMA MD	ABDDI000	CLS HEALTH	04/01/1986

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TMHP	Adjustments	Remainder
02/24/23	99999	NO SHOW		25.00		0.00	0.00	25.00

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Amount Due
50.00



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DORA ABDELMALAK
4218 PALOS VERDES DR
PASADENA TX, TX 77504-2418

(713)443-8403

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDDO000	1
Guarantor	Due Date	Payment Due
DORA	Upon Receipt	71.06

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Date of Last Payment: 12/10/2024

Amount of Last Payment: -131.14

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
DORA ABDELMALAK	ABDELNASER ELKHALILI MD	ABDDO000	CLS HEALTH	10/25/1959			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Communi	Adjustments	Remainder
08/26/22	96365	Ther/proph/diag iv/inf/init	213.00	-71.06	0.00	-141.94	71.06

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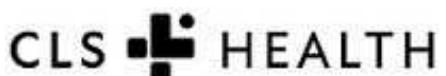
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Amount Due

71.06



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HANI I. ABDELLATIF
3302 FRESHMEADOWS DR
HOUSTON, TX 77063-6202

(832)992-3388

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDHA001	1
Guarantor	Due Date	Payment Due
HANI I.	Upon Receipt	680.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANI I. ABDELLATIF	MOHAMMAD J. BABA MD	ABDHA001	CLS HEALTH	05/14/2013
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/15/21	70551	Mri brain stem w/o dye	680.00	Paid by CASH 0.00
				Adjustments Remainder 680.00

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Amount Due

680.00



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HATAMI H. ABDOLALI
1951 SEAKALE LN
HOUSTON, TX 77062-6124

(972)207-5943

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDHA002	1
Guarantor	Due Date	Payment Due
HATAMI H.	Upon Receipt	20.00

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Date of Last Payment: 10/25/2023

Amount of Last Payment: -20.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
HATAMI H. ABDOLALI	MAHMOOD DWEIK MD	ABDHA002	CLS HEALTH	01/31/1956			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
05/29/23	99457	Rem physiol mntr 1st 20 min	150.00		-29.31	-100.69	20.00

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HASSAN M. ABDUL GHANI
12714 CORONA LN
HOUSTON, TX 77072-4606

(832)499-0929

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDHA004	1
Guarantor	Due Date	Payment Due
HASSAN M.	Upon Receipt	20.00

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Date of Last Payment:	3/28/2024		Amount of Last Payment:	-43.55
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HASSAN M. ABDUL GHANI	ABDULHADI M. AKHTAR MD	ABDHA004	CLS HEALTH	11/23/1955

Dates	Procedure	Description	Paid By		Paid by AETNA	Adjustments		Remainder
			Modifier	Charge				
02/21/24	99204	OFFICE VIST NEW LEVEL 4		507.00	-30.00	-96.51		-371.55 8.94
02/21/24	51798	Us urine capacity measure		34.00		0.00		-22.94 11.06

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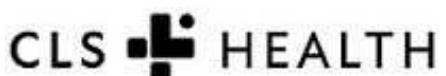
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20.00



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MOHAMMAD I. ABDELAZIZ
3403 CROSSBRANCH CT
PEARLAND, TX 77581-5576

(281)702-1221

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDMO001	1
Guarantor	Due Date	Payment Due
MOHAMMAD I.	Upon Receipt	40.40

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Date of Last Payment: 3/4/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MOHAMMAD I. ABDELAZIZ	ROHIT R. DHIR MD	ABDMO001	CLS HEALTH	03/24/1963

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier Charge	Patient Deductible	BLUE			
08/04/21	99214	OFFICE VISIT EST/LEVEL 4		404.00	-97.37	-106.43	0.00	-297.57	9.06

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MOHAMMAD I. ABDELAZIZ	MOUSTAFA M. AHMED MD	ABDMO001	CLS HEALTH	03/24/1963

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	BLUE		
12/01/23	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-10.64	-148.94	-208.52	5.90
12/04/23	76942	Echo guide for biopsy		176.00	-4.23	-42.04	-129.29	0.44

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MOHAMMAD I. ABDELAZIZ	LORRIE F. POOL APRN	ABDMO001	CLS HEALTH	03/24/1963

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	BLUE		
12/18/23	99999	NO SHOW		25.00		0.00		25.00

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MUNTAHA ABDELHADI
101 S COTTAGE RD
STERLING, VA 20164-1304

(571)229-3936

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDMU000	1
Guarantor	Due Date	Payment Due
MUNTAHA	Upon Receipt	822.64

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Date of Last Payment: 1/3/2025	Amount of Last Payment: 0.00
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Patient: MUNTAHA ABDELHADI	Rendering Physician: MAHESWARY	Chart Number: ABDMU000	Place of Service: CLEAR LAKE	Date of Birth: 10/15/1939
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Medicare	Adjustments		Remainder
				Charge	Applied to					
09/24/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00		-41.05	-164.19		-410.76	41.05
09/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-21.17	-84.69		-212.14	21.17
09/26/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
09/27/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
09/28/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
09/29/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
09/30/21	99239	HOSPITAL DISCHARGE, LONG		327.00		-21.82	-87.30		-217.88	21.82

Patient: MUNTAHA ABDELHADI	Rendering Physician: MAHESWARY	Chart Number: ABDMU000	Place of Service: CLEAR LAKE	Date of Birth: 10/15/1939
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Medicare	Adjustments		Remainder
				Charge	Applied to					
10/01/21	99222	HOSPITAL PRIMARY, INITIAL MOD		418.00		-27.87	-111.49		-278.64	27.87
10/04/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/05/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/06/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/07/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/08/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/09/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/10/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/11/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/12/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73
10/13/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-14.73	-58.93		-147.34	14.73

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MUNTAHA ABDELHADI
101 S COTTAGE RD
STERLING, VA 20164-1304

(571)229-3936

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDMU000	2
Guarantor	Due Date	Payment Due
MUNTAHA	Upon Receipt	822.64

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10/14/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-14.73	-58.93	-147.34	14.73
10/15/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-14.73	-58.93	-147.34	14.73
10/18/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-14.73	-58.93	-147.34	14.73

Patient: MUNTAHA ABDELHADI	Rendering Physician: JUNEIGHT C. ALCIVAR	Chart Number: ABDMU000	Place of Service: CLEAR LAKE	Date of Birth: 10/15/1939
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	MEDICARE		
09/27/21	99222	HOSPITAL PRIMARY, INITIAL MOD		418.00		-23.69	-94.77	-299.54	23.69
09/28/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
09/29/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
09/30/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/05/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/06/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/07/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/08/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/11/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/12/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-18.00	-71.98	-228.02	18.00
10/13/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-12.52	-50.09	-158.39	12.52
10/14/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-12.52	-50.09	-158.39	12.52
10/15/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-12.52	-50.09	-158.39	12.52
10/18/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-12.52	-50.09	-158.39	12.52

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MUNTAHA ABDELHADI
101 S COTTAGE RD
STERLING, VA 20164-1304

(571)229-3936

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDMU000	3
Guarantor	Due Date	Payment Due
MUNTAHA	Upon Receipt	822.64

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Patient: MUNTAHA ABDELHADI	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ABDMU000	Place of Service: CLEAR LAKE	Date of Birth: 10/15/1939
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
10/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69	-212.14	21.17
10/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69	-212.14	21.17
10/16/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
10/17/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73

Patient: MUNTAHA ABDELHADI	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ABDMU000	Place of Service: UTMB	Date of Birth: 10/15/1939
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
01/21/22	99223	INITIAL HOSPITAL/HIGH	A1	609.00	-40.63	-162.52	-405.85	40.63
01/22/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.44	-145.95	14.61
01/23/22	99239	HOSPITAL DISCHARGE, LONG		324.00	-21.58	-86.34	-216.08	21.58

Patient: MUNTAHA ABDELHADI	Rendering Physician: ISRAT J. GAZI MD	Chart Number: ABDMU000	Place of Service: CLS HEALTH	Date of Birth: 10/15/1939
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Paid by TMHP	Adjustments	Remainder
			Modifier	Charge	Patient Deductible				
06/26/24	76700	Us exam abdom complete		347.00		-92.22	-1.60	-231.25	21.93

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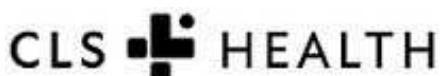
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MUSTAFA M. ABDALA
2809 AUTUMN PARK CT
FRIENDSWOOD, TX 77546-6045

(832)512-6611

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDMU001	1
Guarantor	Due Date	Payment Due
MUSTAFA M.	Upon Receipt	50.40

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Date of Last Payment:	9/14/2023	Amount of Last Payment:	-32.69
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Patient: MUSTAFA M. ABDALA	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ABDMU001	Place of Service: CLS HEALTH	Date of Birth: 11/30/1999
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/04/23	81000	Urinalysis nonauto w/scope		12.00		-2.29	-9.31
01/16/23	99992	NO SHOW		50.00		0.00	50.00

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REHAB A. ABDULLATIF
3247 MOSSY ELM CT
HOUSTON, TX 77059-3229

(832)641-5011

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDRE000	1
Guarantor	Due Date	Payment Due
REHAB A.	Upon Receipt	10.00

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Date of Last Payment: 9/11/2024		Amount of Last Payment: -135.62					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
REHAB A. ABDULLATIF	VENKATA K. JONNA MD	ABDRE000	CLS HEALTH	06/09/1969			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
07/28/22	73565	X-ray exam of knees	129.00	-10.00	-14.42	-94.58	10.00

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SEHAM M. ABDALLA
3611 ACORN WOOD WAY
HOUSTON, TX 77059-3741

(832)877-3633

Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
SEHAM M.	Upon Receipt	542.86

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Date of Last Payment: 4/12/2024			Amount of Last Payment: 0.00		
Patient: SEHAM M. ABDALLA	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ABDSE000	Place of Service: CLEAR LAKE	Date of Birth: 02/04/1960	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
05/23/22	99223	INITIAL HOSPITAL/HIGH		609.00		-158.60	-410.75	39.65
05/24/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-81.53	-213.09	20.38
05/25/22	99239	HOSPITAL DISCHARGE, LONG		324.00		-84.03	-218.96	21.01

Patient: SEHAM M. ABDALLA			Rendering Physician: MAHMOOD DWEIK MD			Chart Number: ABDSE000			Place of Service: CLS HEALTH			Date of Birth: 02/04/1960		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder						
05/19/22	99245	OFFICE CONSULTATION/LEVEL 5		497.00		-141.72	-295.28	60.00						

Patient: SEHAM M. ABDALLA			Rendering Physician: TAREK M. HUSSEIN DPT			Chart Number: ABDSE000			Place of Service: CLS HEALTH			Date of Birth: 02/04/1960		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder						
11/02/22	97032	Electrical stimulation	GP	46.00	-60.00	-9.11	-34.61	-57.72						
11/02/22	97110	Therapeutic exercises	GP	93.00		-18.87	-69.41	4.72						
11/02/22	97140	Manual therapy 1/> regions	GP	85.00		-17.14	-63.58	4.28						
11/02/22	97530	Therapeutic activities	GP	117.00		-24.52	-86.35	6.13						
11/02/22	97162	Pt eval mod complex 30 min	GP	316.00		-52.07	-250.91	13.02						
11/04/22	97032	Electrical stimulation	GP	46.00		-9.11	-34.61	2.28						
11/04/22	97110	Therapeutic exercises	GP	93.00		-18.87	-69.41	4.72						
11/04/22	97140	Manual therapy 1/> regions	GP	85.00		-17.14	-63.58	4.28						
11/04/22	97530	Therapeutic activities	GP	117.00		-24.52	-86.35	6.13						

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SEHAM M. ABDALLA
3611 ACORN WOOD WAY
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Statement Date	Invoice Number	Page
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11/07/22	97032	Electrical stimulation	GP	46.00	-120.00	-9.11	-34.61	-117.72
11/07/22	97110	Therapeutic exercises	GP	93.00		-18.87	-69.41	4.72
11/07/22	97140	Manual therapy 1/> regions	GP	85.00		-17.14	-63.58	4.28
11/07/22	97530	Therapeutic activities	GP	117.00		-24.52	-86.35	6.13
11/09/22	97032	Electrical stimulation	GP	46.00		-9.11	-34.61	2.28
11/09/22	97110	Therapeutic exercises	GP	93.00		-18.87	-69.41	4.72
11/09/22	97140	Manual therapy 1/> regions	GP	85.00		-17.14	-63.58	4.28
11/09/22	97530	Therapeutic activities	GP	117.00		-24.52	-86.35	6.13

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SEHAM M. ABDALLA	MOUSTAFA M. AHMED MD	ABDSE000	CLS HEALTH	02/04/1960

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Reminder
			Modifier	Charge					
10/07/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-60.00	-26.93		-210.31	-14.24
10/07/22	20553	Inject trigger points 3/>		194.00		-48.02		-133.98	12.00
10/13/22	20553	Inject trigger points 3/>	RT	194.00	-13.00	-48.02		-133.98	-1.00
10/13/22	76942	Echo guide for biopsy	59	183.00		-37.37		-136.29	9.34
10/20/22	20553	Inject trigger points 3/>	RT	194.00	-13.00	-60.02		-133.98	-13.00
07/27/23	62321	Njx interlaminar crv/thrc		795.00	-272.00	-190.74		-556.58	-224.32
07/27/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00		-0.67	0.33
10/26/23	62321	Njx interlaminar crv/thrc		795.00	-60.00	-190.74		-556.58	-12.32
10/26/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00		-0.07	0.93
10/26/23	J3301	Triamcinolone acet inj nos		0.01		0.00			0.01
11/20/23	62323	Njx interlaminar lmbr/sac		784.00	-60.00	-188.62		-548.23	-12.85
11/20/23	J2001	Lidocaine injection	59	1.00		0.00		-0.97	0.03
11/20/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00		-0.06	0.94
11/20/23	J3301	Triamcinolone acet inj nos		12.00		0.00		-6.82	5.18
12/18/23	64493	Inj paravert f jnt l/s 1 lev	RT	534.00		-130.26		-371.18	32.56
12/18/23	64494	Inj paravert f jnt l/s 2 lev	RT	274.00		-66.06		-191.43	16.51

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3611 ACORN WOOD WAY
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Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
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12/18/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00	0.00	-0.06	0.94		
12/29/23	64493	Inj paravert f jnt l/s 1 lev	RT	533.00	-55.40	-130.26	-370.18	-22.84	
12/29/23	64494	Inj paravert f jnt l/s 2 lev	RT	274.00		-66.06	-191.43	16.51	
12/29/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00	0.00	-0.06	0.94		
01/18/24	64635	Destroy lumb/sac facet jnt	RT	1,323.0	-60.00	-389.96	-933.04	329.96	
01/18/24	64636	Destroy l/s facet jnt addl	RT	1,430.0		-321.65	0.00	-1,108.35	321.65
01/18/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00	0.00	-0.06	0.94		
12/28/23	99999	NO SHOW		25.00		0.00		25.00	
02/09/24	62321	Njx interlaminar crv/thrc		787.00	-272.00	-251.44	0.00	-535.56	-20.56
02/09/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00	0.00	-0.06	0.35		

Patient: SEHAM M. ABDALLA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ABDSE000	Place of Service: CLS HEALTH	Date of Birth: 02/04/1960
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Reminder		
			Modifier	Charge	Patient Deductible				
01/19/23	73030	X-ray exam of shoulder		105.00	-35.19	-24.66	0.00	-80.34	-10.53

Patient: SEHAM M. ABDALLA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ABDSE000	Place of Service: CLS HEALTH	Date of Birth: 02/04/1960
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Reminder		
			Modifier	Charge	Patient Deductible				
01/18/23	20610	Drain/inj joint/bursa w/o us	RT	197.00		-56.70	0.00	-140.30	56.70

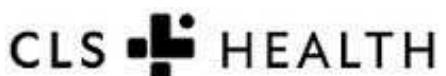
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SINAN ABDUL JABBAR
5006 BRANNON HILL CT
SUGAR LAND, TX 77479-3843

(713)498-9397

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDSI000	1
Guarantor	Due Date	Payment Due
SINAN ABDUL	Upon Receipt	25.00

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Date of Last Payment: 6/29/2023		Amount of Last Payment: -70.20		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SINAN ABDUL JABBAR	BASHAR ZLEIK MD	ABDSI000	THE HEIGHTS	08/11/1973
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
05/17/23	99999	NO SHOW	25.00	Paid by CASH 0.00
				Adjustments Remainder 25.00

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STEPHANY ABDELMALAK
2006 TALL TIMBERS LN
PEARLAND, TX 77581-6542

(832)573-3335

Statement Date	Invoice Number	Page
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STEPHANY	Upon Receipt	125.36

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Date of Last Payment: 11/29/2024

Amount of Last Payment: 0.00

Patient: STEPHANY ABDELMALAK	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ABDST000	Place of Service: CLS HEALTH	Date of Birth: 06/19/1994
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
12/13/21	99999	NO SHOW		25.00		0.00		25.00

Patient: STEPHANY ABDELMALAK	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ABDST000	Place of Service: CLS HEALTH	Date of Birth: 06/19/1994
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder
09/10/24	87481	Candida dna amp probe		525.00		-77.20	-428.50	19.30
09/10/24	87491	Chyldm trach dna amp probe		105.00		-15.44	-85.70	3.86
09/10/24	87511	Gardner vag dna amp probe		105.00		-15.44	-85.70	3.86
09/10/24	87529	HSV, DNA, AMP Probe		210.00		-30.88	-171.40	7.72
09/10/24	87591	N. gonorrhea dna amp probe		105.00		-15.44	-85.70	3.86
09/10/24	87640	Staph a dna amp probe		105.00		-15.44	-85.70	3.86
09/10/24	87653	Strep b dna amp probe		105.00		-15.44	-85.70	3.86
09/10/24	87661	Trichomonas vaginalis amplification		105.00		-15.44	-85.70	3.86
09/10/24	87798	Detect agent nos dna amp		1,995.0		-200.71	-1,744.11	50.18

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281-694-5986

TAHRIR ABDELRAHIM
15800 HIGHWAY 3 APT 1922
WEBSTER, TX 77598-2182

(512)947-1951

Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
TAHRIR	Upon Receipt	129.59

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Date of Last Payment: 12/2/2024			Amount of Last Payment: -28.93		
Patient: TAHRIR ABDELRAHIM	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ABDTA000	Place of Service: CLS HEALTH	Date of Birth: 04/06/1981	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
11/27/23	97164	Pt re-eval est plan care	GP	211.00		-40.33	-153.38	17.29

Patient: TAHRIR ABDELRAHIM			Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ABDTA000	Place of Service: CLS HEALTH	Date of Birth: 04/06/1981		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder

12/04/23	97032	Electrical stimulation	GP	43.00		-8.35	-31.61	3.04
12/04/23	97110	Therapeutic exercises	GP	88.00		-17.05	-63.64	7.31
12/04/23	97140	Manual therapy 1/> regions	GP	81.00		-15.70	-58.57	6.73
12/04/23	97530	Therapeutic activities	GP	109.00		-21.48	-78.31	9.21

Patient: TAHRIR ABDELRAHIM			Rendering Physician: GHYATH SAMMAN MD	Chart Number: ABDTA000	Place of Service: CLS HEALTH	Date of Birth: 04/06/1981		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder

10/30/24	93015	Cardiovascular stress test		215.00		-51.47	-153.53	10.00
10/30/24	78452	Ht muscle image spect mult		1,287.0		-266.66	-931.46	88.88

Patient: TAHRIR ABDELRAHIM			Rendering Physician: TRAN CAO MD	Chart Number: ABDTA000	Place of Service: CLS HEALTH	Date of Birth: 04/06/1981		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder

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Amount Due

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TAHRIR ABDELRAHIM
15800 HIGHWAY 3 APT 1922
WEBSTER, TX 77598-2182

(512)947-1951

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDTA000	2
Guarantor	Due Date	Payment Due
TAHRIR	Upon Receipt	129.59

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12/02/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-38.93	-153.14	-353.86	-38.93
12/02/24	17110	Destruct b9 lesion 1-14		341.00		-78.18	-236.76	26.06

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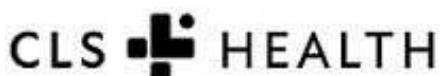
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Amount Due

129.59



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AMNEH M. ABEDRABO
715 FM 1959 RD APT 812
HOUSTON, TX 77034-5477

(832)855-0317

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEAM000	1
Guarantor	Due Date	Payment Due
AMNEH M.	Upon Receipt	25.00

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Date of Last Payment: **9/9/2024**

Amount of Last Payment: **-227.21**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
AMNEH M. ABEDRABO	ZEID F. KARADSHEH MD	ABEAM000	CLS HEALTH	10/19/1991			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
01/25/24	99999	NO SHOW	25.00		0.00		25.00

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

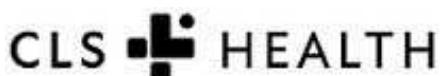
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Amount Due

25.00



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ELIZABETH A. ABELS
9410 PLAZA TERRACE DR
MISSOURI CITY, TX 77459-7247

(281)620-9739

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEEL000	1
Guarantor	Due Date	Payment Due
ELIZABETH A.	Upon Receipt	25.00

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Date of Last Payment: 1/25/2024		Amount of Last Payment: -102.40		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ELIZABETH A. ABELS	ROBERT A. DARLING MD	ABEEL000	CLS HEALTH	04/19/1991
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by UNITED
01/11/24	99204	OFFICE VIST NEW LEVEL 4	507.00	-102.40
				-379.60 25.00

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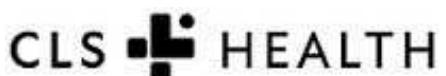
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25.00



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JOHN ABERNATHY
15603 GULF FWY APT 1002
WEBSTER, TX 77598-3836

(504)222-8754

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEJO000	1
Guarantor	Due Date	Payment Due
JOHN	Upon Receipt	51.77

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Date of Last Payment: 1/27/2022				Amount of Last Payment: -564.26			
Patient:		Rendering Physician:		Chart Number:		Place of Service:	
JOHN ABERNATHY		MAHMOOD DWEIK MD		ABEJO000		CLS HEALTH	
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
				Charge	Patient Deductible	Friday	Adjustments Remainder
09/29/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-21.30	-232.80	-238.33 4.57
Patient:				Chart Number:			
JOHN ABERNATHY		Rendering Physician:		Place of Service:		Date of Birth:	
		MAHMOOD DWEIK MD		ABEJO000		CLS HEALTH	
02/07/1973							
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
				Charge	Patient Deductible	Friday	Adjustments Remainder
10/19/21	95810	Polysom 6/> yrs 4/> param		1,939.0	-63.30	-668.90	-1,195.78 11.02
11/16/21	95811	Polysom 6/> yrs cpap 4/> parm	26	393.00	-66.40	-14.89 -134.01	-244.10 -51.51
11/06/21	95811	Polysom 6/> yrs cpap 4/> parm	TC	1,590.0		-564.26	-963.05 62.69
Patient:				Chart Number:			
JOHN ABERNATHY		Rendering Physician:		Place of Service:		Date of Birth:	
		ZEID F. KARADSHEH MD		ABEJO000		CLS HEALTH	
02/07/1973							
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
				Charge	Patient Deductible	Friday	Adjustments Remainder
10/19/23	99999	NO SHOW		25.00		0.00	25.00

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JOHN ABEGG
5820 SYCAMORE AVE
PASADENA, TX 77503-4156

(713)835-7476

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEJO001	1
Guarantor	Due Date	Payment Due
JOHN ABEGG	Upon Receipt	278.23

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Date of Last Payment: 12/8/2023					Amount of Last Payment: -63.84		
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
JOHN ABEGG		MOUSTAFA M. AHMED MD	ABEJO001	CLS HEALTH	05/25/1961		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
06/14/23	72131	Ct lumbar spine w/o dye	404.00	-123.92	-108.61	0.00	-295.39 -15.31
06/14/23	72192	Ct pelvis w/o dye	418.00		-78.54	0.00	-339.46 78.54
Patient:					Date of Birth:		
JOHN ABEGG		MOUSTAFA M. AHMED MD	ABEJO001	CLS HEALTH	05/25/1961		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
07/24/23	99991	NO SHOW	150.00		0.00		150.00
Patient:					Date of Birth:		
JOHN ABEGG		MOUSTAFA M. AHMED MD	ABEJO001	CLS HEALTH	05/25/1961		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
07/24/23	80307	Drug test prsmv chem analyzr	186.00		-37.28 0.00	-148.72	37.28
07/24/23	G0483	Drug test def 22+ classes	741.00		-2.72 -219.58	-518.70	2.72
Patient:					Date of Birth:		
JOHN ABEGG		TAREK M. HUSSEIN DPT	ABEJO001	CLS HEALTH	05/25/1961		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
08/09/23	99999	NO SHOW	25.00		0.00		25.00

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MOHAMMAD ABEDRABBO
12006 POMPTON DR
HOUSTON, TX 77089-6337

(832)863-8960

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEMO000	1
Guarantor	Due Date	Payment Due
MOHAMMAD	Upon Receipt	77.34

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Date of Last Payment: 12/17/2024			Amount of Last Payment: -65.62		
Patient: MOHAMMAD ABEDRABBO	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ABEMO000	Place of Service: CLS HEALTH	Date of Birth: 05/06/2003	

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
10/06/23	97162	Pt eval mod complex 30 min	GP	304.00	-5.00	-58.15	-220.93	19.92
11/20/23	97164	Pt re-eval est plan care	GP	211.00	-5.00	-40.33	-153.38	12.29
11/20/23	97032	Electrical stimulation	GP	44.00		-8.35	-32.07	3.58
11/20/23	97110	Therapeutic exercises	GP	89.00		-17.05	-64.64	7.31
11/20/23	97530	Therapeutic activities	GP	112.00		-21.48	-81.31	9.21
12/01/23	97032	Electrical stimulation	GP	44.00	-40.00	-8.35	-32.07	-36.42
12/01/23	97110	Therapeutic exercises	GP	89.00	-21.80	-17.05	-64.64	-14.49
12/01/23	97140	Manual therapy 1/> regions	GP	82.00		-15.70	-59.57	6.73
12/01/23	97530	Therapeutic activities	GP	112.00		-21.48	-81.31	9.21
12/04/23	99999	NO SHOW		25.00		0.00		25.00

Patient: MOHAMMAD ABEDRABBO			Rendering Physician: RAZI M. RASHID MD			Chart Number: ABEMO000			Place of Service: CLS HEALTH			Date of Birth: 05/06/2003				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
05/21/24	99999	NO SHOW		25.00		0.00		25.00	05/21/24	99999	NO SHOW		25.00		0.00	25.00

Patient: MOHAMMAD ABEDRABBO			Rendering Physician: RUDY LOZANO CARREON MD			Chart Number: ABEMO000			Place of Service: CLS HEALTH			Date of Birth: 05/06/2003				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
09/26/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-15.00	-226.77		-442.23	-15/00	10/10/24	99999	NO SHOW	25.00		0.00	25.00

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MOHAMMAD ABEDRABBO
12006 POMPTON DR
HOUSTON, TX 77089-6337

(832)863-8960

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEMO000	2
Guarantor	Due Date	Payment Due
MOHAMMAD	Upon Receipt	77.34

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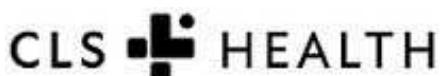
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NAZMA ABEED
10906 LOMBARDIA CT
RICHMOND, TX 77406-4551

(630)506-1955

Statement Date	Invoice Number	Page
02/10/2025	CLS ABENA000	1
Guarantor	Due Date	Payment Due
NAZMA ABEED	Upon Receipt	15.00

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Date of Last Payment: **4/2/2024**

Amount of Last Payment: **-38.84**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
NAZMA ABEED	OMAIR AHMAD MD	ABENA000	CLS HEALTH	06/01/1942			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
03/04/24	99212	OFFICE VISIT EST/LEVEL 2	171.00		-38.84	-117.16	15.00

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PAMELA M. ABENDROTH
780 W BAY AREA BLVD APT 1236
WEBSTER, TX 77598-4058

(832)398-0544

Statement Date	Invoice Number	Page
02/10/2025	CLS ABEPA000	1
Guarantor	Due Date	Payment Due
PAMELA M.	Upon Receipt	20.00

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Date of Last Payment: 2/29/2024		Amount of Last Payment: -314.51					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
PAMELA M. ABENDROTH	RAZI M. RASHID MD	ABEPA000	CLS HEALTH	07/26/1948			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	HUMANA	Adjustments	Remainder
10/31/23	99205	OFFICE VIST NEW LEVEL 5	664.00	-191.51		-452.49	20.00

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20.00



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HELENA G. ABLAZA
8022 GLEN DELL CT
HOUSTON, TX 77061-1332

(832)836-8101

Statement Date	Invoice Number	Page
02/10/2025	CLS ABLHE000	1
Guarantor	Due Date	Payment Due
HELENA G.	Upon Receipt	243.25

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Date of Last Payment:	Amount of Last Payment:
Patient: HELENA G. ABLAZA	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	UNITED			
09/26/23	99223	1ST HOSP IP/OBS HIGH 75		523.00	-157.85	0.00		-365.15	157.85
09/27/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00	-85.40	0.00		-259.60	85.40

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Amount Due
243.25



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RICHARD A. ABNER
2312 PEBBLE BEACH DR
LEAGUE CITY, TX 77573-4456

(713)829-6312

Statement Date	Invoice Number	Page
02/10/2025	CLS ABNRI000	1
Guarantor	Due Date	Payment Due
RICHARD A.	Upon Receipt	220.92

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Date of Last Payment: 2/29/2024	Amount of Last Payment: -112.14
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Patient: RICHARD A. ABNER	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ABNRI000	Place of Service: ENCOMPASS	Date of Birth: 07/17/1964
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/13/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-73.70	-73.70	-347.60	73.70

Patient: RICHARD A. ABNER	Rendering Physician: FARRAH ALI FNP-C	Chart Number: ABNRI000	Place of Service: ENCOMPASS	Date of Birth: 07/17/1964
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/15/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00	-86.62	0.00	-231.38	86.62
04/20/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60

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220.92



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HASSAN H. ABO DBS
15035 WESTPARK DR APT 113
HOUSTON, TX 77082-3932

(832)297-9607

Statement Date	Invoice Number	Page
02/10/2025	CLS ABOHA000	1
Guarantor	Due Date	Payment Due
HASSAN H. ABO	Upon Receipt	52.23

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	5/5/2022	Amount of Last Payment:	0.00
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Patient: HASSAN H. ABO DBS	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ABOHA000	Place of Service: CLS HEALTH	Date of Birth: 03/08/1985
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By		Patient Deductible	Applied to	Paid by	MOLINA	Adjustments	Remainder
					By	To						
02/09/21	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-10.00	-10.00	-205.00				-261.50	-102.50
02/09/21	94760	Measure blood oxygen level		7.00				-4.94			-4.53	-2.47
03/01/21	64405	Njx aa&/strd gr ocpl nrv	50	233.00	-105.00	-10.00	-106.69				-116.31	-95.00
03/01/21	77002	Needle localization by xray	59	367.00		-122.27	0.00				-244.73	122.27
05/20/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-10.00		-134.57				-269.43	-10.00

Patient: HASSAN H. ABO DBS	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ABOHA000	Place of Service: Pain	Date of Birth: 03/08/1985
--------------------------------------	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By		Patient Deductible	Applied to	Paid by	MOLINA	Adjustments	Remainder
					By	To						
05/20/21	G0483	Drug test def 22+ classes		741.00			-46.98	-175.32			-518.70	46.98

Patient: HASSAN H. ABO DBS	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ABOHA000	Place of Service: CLS HEALTH	Date of Birth: 03/08/1985
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Dates	Procedure	Description	Modifier	Charge	Paid By		Patient Deductible	Applied to	Paid by	Friday	Adjustments	Remainder
					By	To						
01/10/22	94760	Measure blood oxygen level		7.00				-2.54			-4.18	0.28
01/17/22	99999	NO SHOW		25.00				0.00				25.00
02/07/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-7.63		-133.18				-246.82	12.37
02/24/22	99211	OFFICE VISIT - NEW PATIENT -	25	73.00	-33.00		-7.82				-45.18	-13.00
02/24/22	64405	Njx aa&/strd gr ocpl nrv	50	237.00			-81.69				-146.23	9.08
02/24/22	64450	Njx aa&/strd other pn/branch	50	240.00			-82.95				-147.83	9.22
02/24/22	76942	Echo guide for biopsy		183.00			-45.27				-112.73	25.00

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HASSAN H. ABO DBS
15035 WESTPARK DR APT 113
HOUSTON, TX 77082-3932

(832)297-9607

Statement Date	Invoice Number	Page
02/10/2025	CLS ABOHA000	2
Guarantor	Due Date	Payment Due
HASSAN H. ABO	Upon Receipt	52.23

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03/07/22	99999	NO SHOW	25.00	0.00	25.00
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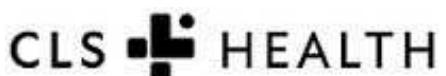
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PO BOX 58538
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281-694-5986

RASHEED ABOUALSAMH
4806 TERRY ST UNIT A
HOUSTON, TX 77009-2247

(281)827-4468

Statement Date	Invoice Number	Page
02/10/2025	CLS ABORA000	1
Guarantor	Due Date	Payment Due
RASHEED	Upon Receipt	220.00

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Date of Last Payment:		Amount of Last Payment:		-2.14
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RASHEED ABOUALSAMH	ROHIT R. DHIR MD	ABORA000	CLS HEALTH	05/10/1964

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Oscar		
10/18/21	99204	OFFICE VIST NEW LEVEL 4		522.00	-80.00	-161.64	-360.36	-80.00
11/04/21	51728	Cystometrogram w/tp	52	1,178.0	-80.00	-67.83	-810.17	220.00
11/08/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00		0.00	-350.53	53.47
11/08/21	52000	Cystoscopy		743.00		-193.64	-522.83	26.53

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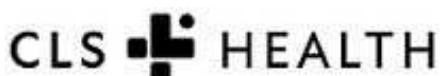
Call 281-694-5986

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Amount Due

220.00



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

ALEXIS ABREU
606 LIBERTY PINES LN
LA MARQUE, TX 77568-1717

(347)360-7780

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRAL001	1
Guarantor	Due Date	Payment Due
ALEXIS ABREU	Upon Receipt	136.92

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Date of Last Payment: 5/31/2023		Amount of Last Payment: -547.66					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ALEXIS ABREU	MAAMOUN A. HARMOUCH	ABRAL001	CLEAR LAKE	11/07/1966			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder	
05/08/23	49650	Lap ing hernia repair init	50	1,336.0	-547.66	-651.42	136.92

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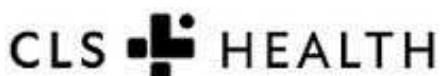
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Amount Due

136.92



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281-694-5986

ANDREW J. ABRAHAMSON
3615 S HIMALAYA CT
AURORA, CO 80013-6630

(720)260-6484

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRAN000	1
Guarantor	Due Date	Payment Due
ANDREW J.	Upon Receipt	151.82

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ANDREW J. ABRAHAMSON	KAREEM GADELMOLA MD	ABRAN000	UTMB	09/25/1989			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Remainder
03/23/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00		0.00	-343.18	151.82

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ARTURO S. ABREGO
1110 BLACKBERRY DR
PASADENA, TX 77506-5106

(832)297-2954

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRAR000	1
Guarantor	Due Date	Payment Due
ARTURO S.	Upon Receipt	15.00

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Date of Last Payment: 12/17/2024

Amount of Last Payment: -237.65

Patient: ARTURO S. ABREGO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ABRAR000	Place of Service: CLS HEALTH	Date of Birth: 07/04/1954
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder		
			Modifier	Charge	Patient Deductible			AETNA	
08/25/21	93925	Lower extremity study		802.00	-35.00	-50.00	-176.85	-575.15	15.00

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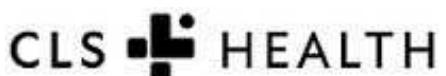
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Amount Due

15.00



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BRITTANY N. ABREGO
110 BLACKBERRY DR
PASADENA, TX 77506-5106

(832)371-0930

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRBR000	1
Guarantor	Due Date	Payment Due
BRITTANY N.	Upon Receipt	95.18

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Date of Last Payment:	4/29/2024	Amount of Last Payment:	-173.90
Patient: BRITTANY N. ABREGO	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: ABRBR000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AMERIGR		
12/05/22	73718	Mri lower extremity w/o dye	Q6	708.00		-196.62		-461.22 50.16
12/05/22	73721	Mri jnt of lwr extre w/o dye	Q6	638.00		-176.48		-416.50 45.02

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Amount Due

95.18



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281-694-5986

CHARLES R. ABRAHAM
1102 N FELTON ST
BAYTOWN, TX 77520-2517

(832)897-4864

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRCH000	1
Guarantor	Due Date	Payment Due
CHARLES R.	Upon Receipt	117.30

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Date of Last Payment:	8/29/2024	Amount of Last Payment:	-77.03
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Patient: CHARLES R. ABRAHAM	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ABRCH000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1960
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Reminder
07/28/21	99213	OFFICE VISIT EST/LEVEL 3		284.00	-40.00	0.00	-229.05	14.95
07/28/21	51798	Us urine capacity measure		32.00		-19.25	0.00	-12.75
07/28/21	81003	Urinalysis auto w/o scope	QW	7.00		-1.88	0.00	-5.12

Patient: CHARLES R. ABRAHAM	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ABRCH000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1960
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Reminder
07/27/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-22.60	-317.40	20.00
07/27/22	51798	Us urine capacity measure		33.00		-19.25	0.00	-13.75
07/26/23	51798	Us urine capacity measure		32.00		-19.25	0.00	-12.75
07/18/24	51728	Cystometrogram w/vp	52	1,086.0	-40.00	-112.28	-945.65	-11.93
07/18/24	51784	Anal/urinary muscle study		194.00		-77.84	-96.70	19.46
07/18/24	51741	Electro-uroflowmetry first		44.00		-29.96	-6.55	7.49
07/18/24	51798	Us urine capacity measure		34.00		-15.40	-14.75	3.85
07/22/24	51798	Us urine capacity measure		34.00		-15.40	-14.75	3.85

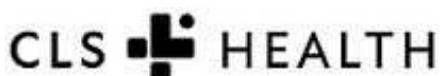
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Amount Due
117.30



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DIANNE C. ABRAHAM
1501 GOLIAD AVE
LA MARQUE, TX 77568-5234

(409)599-5920

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRDI000	1
Guarantor	Due Date	Payment Due
DIANNE C.	Upon Receipt	284.07

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Date of Last Payment:	4/19/2024	Amount of Last Payment:	-49.48
Patient: DIANNE C. ABRAHAM	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ABRDI000	Place of Service: HOUSTON

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
02/22/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-182.16	0.00	-312.84	182.16
02/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-101.91	0.00	-216.09	101.91

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Amount Due

284.07



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DORILIN ABREU
2802 W BAY AREA BLVD APT 1702
WEBSTER, TX 77598-3122

(973)356-3822

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRDO001	1
Guarantor	Due Date	Payment Due
DORILIN ABREU	Upon Receipt	1427.92

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Date of Last Payment: 6/6/2023			Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
DORILIN ABREU	JIHAD M. HARMOUCHE MD	ABRDO001	CLS HEALTH	09/14/1983					
Paid By Applied to									
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Paid by BLUE	Adjustments Remainder		
02/01/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-212.00	-161.03	0.00	-341.97	-50.97
03/04/23	58558	HYSTEROSCOPY BIOPSY		4,093.0	-212.00	-1,288.60	0.00	-2,804.40	1,076.60
02/14/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		-106.43	0.00	-278.57	106.43
02/14/23	76856	Us exam pelvic complete		322.00		-89.64	0.00	-232.36	89.64
02/14/23	76830	Transvaginal us non-ob	59	365.00		-99.79	0.00	-265.21	99.79
03/13/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		-106.43	0.00	-278.57	106.43

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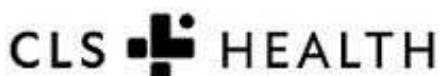
Call 281-694-5986

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Amount Due

1,427.92



PO BOX 58538
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281-694-5986

JEYMY ABREGO
9234 EVERGLADE DR
HOUSTON, TX 77078-2414

(713)518-4362

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRJE001	1
Guarantor	Due Date	Payment Due
JEYMY ABREGO	Upon Receipt	400.00

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Date of Last Payment: **4/7/2022**

Amount of Last Payment: **-30.45**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JEYMY ABREGO	DANNY M. MOUNIR MD	ABRJE001	CLS HEALTH	11/19/1985			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CASH	Adjustments	Remainder
09/07/22	99214	OFFICE VISIT EST/LEVEL 4	400.00		0.00		400.00

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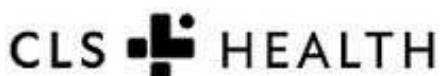
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Amount Due

400.00



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281-694-5986

LEE R. ABREGO
411 N MICHIGAN AVE
LEAGUE CITY, TX 77573-2350

(832)342-4706

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRLE000	1
Guarantor	Due Date	Payment Due
LEE R. ABREGO	Upon Receipt	312.27

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Date of Last Payment:	7/22/2022	Amount of Last Payment:	0.00
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Patient: LEE R. ABREGO	Rendering Physician: NISARG PATEL MD	Chart Number: ABRLE000	Place of Service: UTMB	Date of Birth: 10/10/1970
----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
03/10/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-214.88	109.12

Patient: LEE R. ABREGO	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ABRLE000	Place of Service: UTMB	Date of Birth: 10/10/1970
----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
03/09/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15

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Amount Due

312.27



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NATHAN L. ABRASHOFF
201 SILVERBROOK LN
DICKINSON, TX 77539-6178

(281)797-5640

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRNA000	1
Guarantor	Due Date	Payment Due
NATHAN L.	Upon Receipt	170.00

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Date of Last Payment:	11/29/2024	Amount of Last Payment:	-74.91
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NATHAN L. ABRASHOFF	MAAMOUN A. HARMOUCH	ABRNA000	CLS HEALTH	05/23/1971

Dates	Procedure	Description	Paid By		Paid by UNITED	Adjustments		Remainder
			Modifier	Charge				
06/29/23	46600	Diagnostic anoscopy spx		365.00	-70.00	0.00	-295.00	70.00
08/10/23	46600	Diagnostic anoscopy spx		365.00	-70.00	0.00	-295.00	70.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NATHAN L. ABRASHOFF	GHYATH SAMMAN MD	ABRNA000	CLS HEALTH	05/23/1971

Dates	Procedure	Description	Paid By		Paid by United	Adjustments		Remainder
			Modifier	Charge				
09/05/24	99205	OFFICE VIST NEW LEVEL 5		689.00	-45.00	-75.92	-538.08	30.00

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Amount Due

170.00



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ADAM W. ABUSHAMMALA
7326 ARCADIA DR
PASADENA, TX 77505-3880

(832)540-2314

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAD000	1
Guarantor	Due Date	Payment Due
ADAM W.	Upon Receipt	17.94

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Date of Last Payment: 9/14/2023			Amount of Last Payment: -71.80		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ADAM W. ABUSHAMMALA		JIHAD M. HARMOUCHE MD	ABUAD000	CLEAR LAKE	07/01/2023
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
07/02/23	54150	Circumcision w/regionl block	292.00	-71.80	-202.26
					17.94

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Amount Due

17.94



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281-694-5986

AGBONA ABULUME
5146 CAICOS CALLE
DICKINSON, TX 77539-6396

(832)771-0375

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAG000	1
Guarantor	Due Date	Payment Due
AGBONA	Upon Receipt	307.60

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Date of Last Payment: 11/30/2022	Amount of Last Payment: -112.56
----------------------------------	---------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AGBONA ABULUME	ZULFIQAR CHEEMA MD	ABUAG000	CLS HEALTH	12/19/1984

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Oscar	Adjustments	Remainder
05/12/21	99215	OFFICE VISIT EST/LEVEL 5		564.00		-138.64	-420.36	5.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AGBONA ABULUME	ZULFIQAR CHEEMA MD	ABUAG000	CLS HEALTH	12/19/1984

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Oscar	Adjustments	Remainder
04/28/21	72198	Mr angio pelvis w/o & w/dye		1,191.0		-209.85	-911.20	69.95

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AGBONA ABULUME	ZULFIQAR CHEEMA MD	ABUAG000	CLEAR LAKE	12/19/1984

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Oscar	Adjustments	Remainder
05/27/21	76937	Us guide vascular access	26	45.00		-7.92	-34.44	2.64
05/27/21	75825	Vein x-ray trunk	26	173.00		-30.24	-132.68	10.08
05/27/21	75820	Vein x-ray arm/leg	26	108.00	-5.00	-18.91	-82.79	1.30
05/27/21	36010	Place catheter in vein	59	339.00		-43.69	-280.75	14.56
05/27/21	37252	Intravasc us noncoronary 1st	LT	277.00		-71.88	-181.16	23.96
05/27/21	37253	Intravasc us noncoronary addl	LT	440.00		-115.32	-286.24	38.44
05/27/21	36012	Place catheter in vein	RT	536.00		-69.11	-443.85	23.04
05/27/21	37248	Triumfl balo angiop 1st vein	50	918.00		-355.87	-443.50	118.63

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307.60



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281-694-5986

AHMAD M. ABUTAIR
471 REDWAY LN
WEBSTER, TX 77598-2523

(713)261-9664

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAH000	1
Guarantor	Due Date	Payment Due
AHMAD M.	Upon Receipt	96.85

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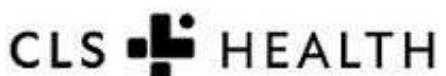
Date of Last Payment: 10/1/2024				Amount of Last Payment: -10.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
AHMAD M. ABUTAIR	CHARLIE C. CHANG MD	ABUAH000	CLS HEALTH	08/19/2003		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments Remainder
03/02/21	99999	NO SHOW	25.00		0.00	25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
AHMAD M. ABUTAIR	VICTORIA R. ANGELLE RD	ABUAH000	CLS HEALTH	08/19/2003		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments Remainder
01/04/23	97802	MEDICAL NUTRITION INDIV IN	230.00	-25.00	0.00	-130.00 75.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
AHMAD M. ABUTAIR	ABDELNASER ELKHALILI MD	ABUAH000	CLS HEALTH	08/19/2003		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
05/24/24	71046	X-ray exam chest 2 views	101.00	-10.00	-20.54	-73.61 -3.15

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Amount Due

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96.85



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Webster, TX 77598
281-694-5986

AHMAD ABU HALAWEH
7 CREST GATE
HOUSTON, TX 77082-1534

(713)540-4277

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAH001	1
Guarantor	Due Date	Payment Due
AHMAD ABU	Upon Receipt	25.00

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Date of Last Payment: 10/21/2022

Amount of Last Payment: -136.17

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
AHMAD ABU HALAWEH	ABDELNASER ELKHALILI MD	ABUAH001	CLS HEALTH	01/05/1942					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
05/11/22	99999	NO SHOW		25.00		0.00	0.00		25.00

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AYAT ABURYAN
108 ROYAL CT
FRIENDSWOOD, TX 77546-3829

(832)607-8495

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAY000	1
Guarantor	Due Date	Payment Due
AYAT ABURYAN	Upon Receipt	984.61

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Date of Last Payment: 2/28/2023	Amount of Last Payment: -112.00
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Patient: AYAT ABURYAN	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ABUAY000	Place of Service: CLS HEALTH	Date of Birth: 11/07/1987
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by CASH	Adjustments	Remainder
02/08/23	99211	OFFICE VISIT - NEW PATIENT -	25	110.00			0.00	-10.00	100.00
02/08/23	96365	Ther/proph/diag iv inf init		193.00	-54.62		0.00	-127.00	11.38
02/28/23	99214	OFFICE VISIT EST/LEVEL 4		385.00			0.00	-285.00	100.00
02/28/23	96365	Ther/proph/diag iv inf init		193.00			0.00	-127.00	66.00
02/28/23	96366	THER/PROPH/DIAG IV INF ADDON		124.00			0.00	-81.82	42.18
02/28/23	96367	Tx/proph/dg addl seq ivinf		261.00			0.00	-171.90	89.10
02/28/23	J2405	Ondansetron hcl injection		4.00			0.00	-3.62	0.38
02/28/23	J2250	Inj midazolam hydrochloride		2.00			0.00	-1.68	0.32
02/28/23	S0028	Inj Famotidine 20mg		3.00			0.00	-2.00	1.00
02/28/23	J7030	Normal saline solution infus		16.00			0.00	-10.72	5.28
02/28/23	81003	Urinalysis auto w/o scope	QW	7.00			0.00	-4.67	2.33
02/28/23	76801	OB US < 14 WKS SINGLE FETUS		358.00			0.00	-235.65	122.35

Patient: AYAT ABURYAN	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ABUAY000	Place of Service: CLS HEALTH	Date of Birth: 11/07/1987
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by CASH	Adjustments	Remainder
02/07/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-125.00		0.00	-253.00	125.00
02/28/23	99214	OFFICE VISIT EST/LEVEL 4		385.00			0.00	-285.00	100.00
02/28/23	96365	Ther/proph/diag iv inf init		193.00			0.00	-127.00	66.00
02/28/23	96366	THER/PROPH/DIAG IV INF ADDON		124.00	-11.24		0.00	-81.82	30.94
02/28/23	76801	OB US < 14 WKS SINGLE FETUS		358.00			0.00	-235.65	122.35

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AYAT I. ABURAYYAN
14503 CYPRESS GREEN DR
CYPRESS, TX 77429-1977

(346)395-2928

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUAY001	1
Guarantor	Due Date	Payment Due
AYAT I.	Upon Receipt	1061.61

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Date of Last Payment: 4/5/2024	Amount of Last Payment: -50.42
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Patient: AYAT I. ABURAYYAN	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ABUAY001	Place of Service: CLS HEALTH	Date of Birth: 10/04/1984
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CASH		
05/23/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		0.00		385.00
04/18/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-125.00	0.00	-135.00	125.00
06/20/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		0.00		385.00
06/20/23	81003	Urinalysis auto w/o scope	QW	7.00		0.00		7.00
03/28/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		0.00	-260.00	125.00
03/28/23	96365	Ther/proph/diag iv inf init		193.00	-62.00	0.00	-118.00	13.00

Patient: AYAT I. ABURAYYAN	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ABUAY001	Place of Service: CLS HEALTH	Date of Birth: 10/04/1984
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
08/09/23	76815	Ob us limited fetus(s)		248.00		-50.42	-175.97	21.61

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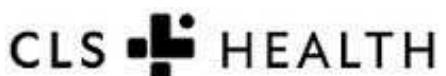
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Amount Due

1,061.61



PO BOX 58538
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281-694-5986

CYNTHIA ABUGHASEEB
1875 POST OAK PARK DR APT 616
HOUSTON, TX 77027-3469

(713)928-0474

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA	Upon Receipt	75.00

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Webster, TX 77598

Date of Last Payment:	12/18/2024	Amount of Last Payment:	-10.00
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Patient: CYNTHIA ABUGHASEEB	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ABUCY000	Place of Service: CLS HEALTH	Date of Birth: 10/10/1965
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
11/30/23	99992	NO SHOW		50.00		0.00		50.00

Patient: CYNTHIA ABUGHASEEB	Rendering Physician: NAUREEN ALIM MD	Chart Number: ABUCY000	Place of Service: CLS HEALTH	Date of Birth: 10/10/1965
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
09/11/24	99999	NO SHOW		25.00		0.00		25.00

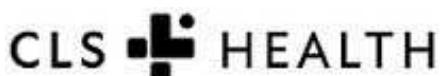
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75.00



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281-694-5986

DIANA L. ABURUB
4405 CHESTNUT GRV
LEAGUE CITY, TX 77573-4533

(281)667-2959

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUDI001	1
Guarantor	Due Date	Payment Due
DIANA L. ABURUB	Upon Receipt	212.70

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Date of Last Payment: 10/17/2022

Amount of Last Payment: 0.00

Patient: DIANA L. ABURUB	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ABUDI001	Place of Service: UTMB	Date of Birth: 05/10/1983
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CIGNA	Adjustments	Reminder
09/30/22	99220	Observation, Initial - High Severity		550.00	-152.78	0.00	-397.22	152.78
10/01/22	99217	OBSERVATION DISCHARGE		220.00	-59.92	0.00	-160.08	59.92

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212.70

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DUA ABUMARIA
306 TALL TIMBERS WAY
FRIENDSWOOD, TX 77546-7857

(713)702-5158

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUDU000	1
Guarantor	Due Date	Payment Due
DUA ABUMARIA	Upon Receipt	1472.00

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Date of Last Payment: 11/22/2023	Amount of Last Payment: -290.00
----------------------------------	---------------------------------

Patient: DUA ABUMARIA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ABUDU000	Place of Service: CLS HEALTH	Date of Birth: 07/16/1988
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/30/22	62321	Njx interlaminar crv/thrc		844.00		0.00	844.00
09/30/22	J3490	UNCLASSIFIED DRUGS	59	193.00		0.00	193.00
09/30/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00	1.00
09/30/22	J1100	Dexamethasone sodium phos	59	1.00		0.00	1.00
09/30/22	J7030	Normal saline solution infus		8.00		0.00	8.00
10/14/22	99214	OFFICE VISIT EST/LEVEL 4		400.00		0.00	400.00
01/30/23	99999	NO SHOW		25.00		0.00	25.00

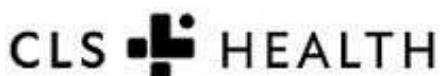
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281-694-5986

EVA ABUNDO
4919 PECAN GROVE DR
PEARLAND, TX 77584-8606

(832)277-1770

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUEV000	1
Guarantor	Due Date	Payment Due
EVA ABUNDO	Upon Receipt	66.91

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Date of Last Payment: 11/14/2022

Amount of Last Payment: -427.64

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
EVA ABUNDO	MAHMOOD DWEIK MD	ABUEV000	CLS HEALTH	08/31/1961			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
10/17/22	95810	Polysom 6/> yrs 4/> param	1,918.0	-40.00	-427.64	-1,383.45	66.91

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Amount Due

66.91



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281-694-5986

HANAN E. ABUTAIR
471 REDWAY LN
WEBSTER, TX 77598-2523

(713)261-9664

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUHA000	1
Guarantor	Due Date	Payment Due
HANAN E.	Upon Receipt	334.42

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Date of Last Payment: 12/6/2024					Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
HANAN E. ABUTAIR	MOUSTAFA M. AHMED MD	ABUHA000	CLS HEALTH	05/22/1970			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments Remainder
01/19/21	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-5.00	-135.10	-194.48 39.42
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
HANAN E. ABUTAIR	ABDELNASER ELKHALIL MD	ABUHA000	CLS HEALTH	05/22/1970			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MOLINA	Adjustments Remainder
03/25/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-10.00	-134.57	-429.43 -10.00
07/28/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-10.00	-134.57	-429.43 -10.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
HANAN E. ABUTAIR	ZULFIQAR CHEEMA MD	ABUHA000	CLEAR LAKE	05/22/1970			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MOLINA	Adjustments Remainder
05/24/21	36906	Thrmhc/nfs dialysis circuit	LT	1,584.0	-10.00	-517.93	-1,056.07 10.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
HANAN E. ABUTAIR	MOUSTAFA M. AHMED MD	ABUHA000	CLS HEALTH	05/22/1970			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments Remainder
09/16/21	99999	NO SHOW		25.00		0.00	25.00

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HANAN E. ABUTAIR
471 REDWAY LN
WEBSTER, TX 77598-2523

(713)261-9664

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUHA000	2
Guarantor	Due Date	Payment Due
HANAN E.	Upon Receipt	334.42

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ABDELNASER ELKHALILI MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Applied to Patient Deductible		
11/09/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-10.00	-71.93	-492.07 -10.00
10/12/21	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-10.00	-71.93	-491.07 -10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ABDELNASER ELKHALILI MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Applied to Patient Deductible		
05/11/22	99999	NO SHOW		25.00		0.00	25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ZULFIQAR CHEEMA MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Applied to Patient Deductible		
08/12/22	99999	NO SHOW		25.00		0.00	25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ABDELNASER ELKHALILI MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Applied to Patient Deductible		
05/08/23	99999	NO SHOW		25.00		0.00	25.00
06/12/23	99999	NO SHOW		25.00		0.00	25.00
09/13/23	99999	NO SHOW		25.00		0.00	25.00
02/29/24	99999	NO SHOW		25.00		0.00	25.00
07/01/24	99999	NO SHOW		25.00		0.00	25.00

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HANAN E. ABUTAIR
471 REDWAY LN
WEBSTER, TX 77598-2523

(713)261-9664

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUHA000	3
Guarantor	Due Date	Payment Due
HANAN E.	Upon Receipt	334.42

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Patient: HANAN E. ABUTAIR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ABUHA000	Place of Service: CLS HEALTH	Date of Birth: 05/22/1970
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
02/27/23	99999	NO SHOW		25.00			0.00		25.00

Patient: HANAN E. ABUTAIR	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ABUHA000	Place of Service: CLS HEALTH	Date of Birth: 05/22/1970
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
09/01/23	99999	NO SHOW		25.00			0.00		25.00

Patient: HANAN E. ABUTAIR	Rendering Physician: MAGDY ATTIA PT	Chart Number: ABUHA000	Place of Service: CLS HEALTH	Date of Birth: 05/22/1970
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
06/26/23	99999	NO SHOW		25.00			0.00		25.00

Patient: HANAN E. ABUTAIR	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: ABUHA000	Place of Service: CLS HEALTH	Date of Birth: 05/22/1970
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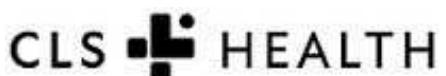
Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
02/09/24	99992	NO SHOW		50.00			0.00		50.00

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334.42



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HAYA ABURAQABEH
3303 W GREENRIDGE DR
APT 46
HOUSTON, TX 77057-6665
(832)955-4022

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUHA001	1
Guarantor	Due Date	Payment Due
HAYA	Upon Receipt	50.00

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Date of Last Payment: 10/23/2023	Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HAYA ABURAQABEH	ABDELNASER ELKHALILI MD	ABUHA001	CLS HEALTH	06/27/1977

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/18/22	99999	NO SHOW		25.00		0.00	25.00
04/03/24	99999	NO SHOW		25.00		0.00	25.00

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

HUDA ABUSHEHADEH
12411 SERENE ELM ST
HOUSTON, TX 77089-2841

(281)744-7968

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUHU000	1
Guarantor	Due Date	Payment Due
HUDA	Upon Receipt	225.99

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Date of Last Payment: 10/31/2024					Amount of Last Payment: -144.21		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
HUDA ABUSHEHADEH		MOUSTAFA M. AHMED MD		ABUHU000	CLS HEALTH	01/12/1960	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments Remainder
01/05/23	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-10.00	-101.93	-267.07 -5.00
Patient:					Chart Number:	Place of Service:	Date of Birth:
HUDA ABUSHEHADEH		MOUSTAFA M. AHMED MD		ABUHU000	Pain	01/12/1960	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments Remainder
01/05/23	80307	Drug test prsmv chem analyzer		186.00		-47.22	-126.97 11.81
01/05/23	G0483	Drug test def 22+ classes		741.00		-187.66	-506.43 46.91
Patient:					Chart Number:	Place of Service:	Date of Birth:
HUDA ABUSHEHADEH		CHARLIE C. CHANG MD		ABUHU000	CLS HEALTH	01/12/1960	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments Remainder
03/09/23	99215	OFFICE VISIT EST/LEVEL 5	Q6	540.00	-10.00	-143.64	-396.36 -10.00
04/11/23	99214	OFFICE VISIT EST/LEVEL 4	Q6	385.00	-10.00	-106.93	-278.07 -10.00
10/10/23	95251	Cont gluc mntr analysis i&r	Q6	104.00	-5.00	-37.52	-66.48 -5.00
02/08/24	99215	OFFICE VISIT EST/LEVEL 5	Q6	546.00	-40.00	-133.64	-402.36 -30.00
02/08/24	95251	Cont gluc mntr analysis i&r	Q6	104.00		-37.52 0.00	-66.48 37.52

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HUDA ABUSHEHADEH
12411 SERENE ELM ST
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Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
HUDA	Upon Receipt	225.99

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HUDA ABUSHEHADEH	TAREK M. HUSSEIN DPT	ABUHU000	CLS HEALTH	01/12/1960

Dates	Procedure	Description	Paid By		Paid by Oscar	Adjustments	Remainder
			Modifier	Charge			
08/02/23	97162	Pt eval mod complex 30 min	GP	304.00	-68.04	-218.95	17.01
08/02/23	97032	Electrical stimulation	GP	44.00	-9.52	-32.10	2.38
08/02/23	97110	Therapeutic exercises	GP	89.00	-18.77	-65.54	4.69
08/02/23	97530	Therapeutic activities	GP	112.00	-22.12	-84.35	5.53

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HUDA ABUSHEHADEH	MOUSTAFA M. AHMED MD	ABUHU000	CLS HEALTH	01/12/1960

Dates	Procedure	Description	Paid By		Paid by Oscar	Adjustments	Remainder
			Modifier	Charge			
11/09/23	99999	NO SHOW		25.00	0.00		25.00
01/09/24	99999	NO SHOW		25.00	0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HUDA ABUSHEHADEH	MOUSTAFA M. AHMED MD	ABUHU000	CLS HEALTH	01/12/1960

Dates	Procedure	Description	Paid By		Paid by Oscar	Adjustments	Remainder
			Modifier	Charge			
09/12/23	73565	X-rayexam of knees		121.00	-22.45	-92.94	5.61

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HUDA ABUSHEHADEH	MOUSTAFA M. AHMED MD	ABUHU000	CLS HEALTH	01/12/1960

Dates	Procedure	Description	Paid By		Paid by Oscar	Adjustments	Remainder
			Modifier	Charge			
03/26/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-40.00	-96.93	-280.07
04/08/24	64493	Inj paravert f jnt l/s 1 lev	50	533.00	-277.00	-272.00	0.00

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04/08/24 64494 Inj paravert f jnt l/s 2 lev 50 274.00 -139.53 0.00 -134.47 139.53

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IMAN ABUHALAWEH
19822 BEECHAM LAKE LN
RICHMOND, TX 77407-3090

(832)607-3635

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IMAN	Upon Receipt	241.60

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Date of Last Payment: 10/6/2023				Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:						
IMAN ABUHALAWEH	ABDELNASER ELKHALILI MD	ABUIM000	CLS HEALTH	09/01/1971						
Dates	Procedure	Description		Paid By	Applied to	Paid by				
				Modifier	Charge	Patient Deductible	Communi	Adjustments	Remainder	
05/25/22	99999	NO SHOW			25.00		0.00		25.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:						
IMAN ABUHALAWEH	ABDELNASER ELKHALILI MD	ABUIM000	CLS HEALTH	09/01/1971						
Dates	Procedure	Description		Paid By	Applied to	Paid by		Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	Ambetter			
03/01/23	99244	OFFICE CONSULTATION/LEVEL 4	25		374.00	-38.40	-112.38		-206.62	16.60
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:						
IMAN ABUHALAWEH	ZEID F. KARADSHEH MD	ABUIM000	CLS HEALTH	09/01/1971						
Dates	Procedure	Description		Paid By	Applied to	Paid by		Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	Ambetter			
03/14/23	99999	NO SHOW			200.00		0.00		200.00	

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(832)506-5735

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KHALIL Y.	Upon Receipt	211.99

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Date of Last Payment: 6/24/2024			Amount of Last Payment: 0.00		
Patient: KHALIL Y. ABUSHEHADEH	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ABUKH000	Place of Service: CLS HEALTH	Date of Birth: 01/28/1959	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
04/30/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-55.58	-227.76	-269.24	-55.58

Patient: KHALIL Y. ABUSHEHADEH	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ABUKH000	Place of Service: CLS HEALTH	Date of Birth: 01/28/1959				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder

04/30/21	93925	Lower extremity study		802.00	-55.58	-267.17	-534.83	-55.58
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Patient: KHALIL Y. ABUSHEHADEH	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ABUKH000	Place of Service: CLEAR LAKE	Date of Birth: 01/28/1959				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder

05/11/21	75710	Artery x-rays arm/leg	26	269.00	-45.58	-73.78	-195.22	-45.58
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Patient: KHALIL Y. ABUSHEHADEH	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ABUKH000	Place of Service: CLS HEALTH	Date of Birth: 01/28/1959				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Friday	Adjustments	Reminder

02/04/22	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-15.00	-221.11	-236.87	24.02
02/22/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-15.00	-215.89	-347.11	-15.00
04/12/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-15.00	-215.89	-347.11	-15.00
09/28/22	99999	NO SHOW		25.00		0.00		25.00

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Statement Date	Invoice Number	Page
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	JACQUELINE M. WEGGE MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/07/22	99999	NO SHOW		25.00	0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	ZULFIQAR CHEEMA MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
07/21/23	93925	Lower extremity study		727.00	-15.00	-98.55	-478.45	135.00
03/06/24	93880	Extracranial bilat study		566.00	-25.00	-38.82	-377.18	125.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	ZULFIQAR CHEEMA MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
10/31/23	99213	OFFICE VISIT EST/LEVEL 3	24	272.00		-68.05	-178.95	25.00
12/12/23	99024	Office Visit - No Charge		0.01	-25.00	0.00		-24.99
03/19/24	99999	NO SHOW		25.00		0.00		25.00
05/31/24	99999	NO SHOW		25.00		0.00		25.00
10/25/24	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	OMAR ALBUSTAMI MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		

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KHALIL Y.	Upon Receipt	211.99

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12/06/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-25.00	-222.22	-441.78	-25.00
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Patient: KHALIL Y. ABUSHEHADEH	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ABUKH000	Place of Service: CLS HEALTH	Date of Birth: 01/28/1959
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELLMED	Adjustments	Remainder
12/06/23	94060	Evaluation of wheezing		116.00	-20.00	-33.10	-82.90	-20.00
12/06/23	94729	Co/membrane diffuse capacity		171.00		-28.98	-122.02	20.00
12/06/23	J7613	Albuterol non-comp unit		1.00		-0.02	-0.97	0.01

Patient: KHALIL Y. ABUSHEHADEH	Rendering Physician: BAHAEDDIN SHABANEH MD	Chart Number: ABUKH000	Place of Service: CLS HEALTH	Date of Birth: 01/28/1959
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELLMED	Adjustments	Remainder
05/30/24	93000	Electrocardiogram complete		43.00		0.00	-28.31	14.69

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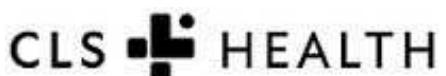
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MUHAMMAD ABUTAIR
471 REDWAY LN
WEBSTER, TX 77598-2523

(713)261-9664

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Guarantor	Due Date	Payment Due
MUHAMMAD	Upon Receipt	58.81

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Date of Last Payment: 7/13/2023				Amount of Last Payment: -21.38			
Patient:		Rendering Physician:		Chart Number:		Place of Service:	
MUHAMMAD ABUTAIR		VENKATA K. JONNA MD		ABUMU000		CLS HEALTH	
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by Friday	
09/23/22	73130	X-ray exam of hand		LT	116.00	-19.55	-71.45 25.00
Patient:				Place of Service:			
MUHAMMAD ABUTAIR		VENKATA K. JONNA MD		ABUMU000		CLS HEALTH	
Date of Birth:				11/26/1960			
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	
06/19/23	20610	Drain/inj joint/bursa w/o us		RT	197.00	-47.04	-129.80 20.16
06/19/23	J3301	Triamcinolone acet inj nos			24.00	-4.48	-15.04 4.48
Patient:				Place of Service:			
MUHAMMAD ABUTAIR		VENKATA K. JONNA MD		ABUMU000		CLS HEALTH	
Date of Birth:				11/26/1960			
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	
06/19/23	73030	X-ray exam of shoulder		105.00		-21.38	-74.45 9.17

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RAJA M. ABURAHMEH
15602 CONTENDER LN
FRIENDSWOOD, TX 77546-2941

(832)322-0059

Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
RAJA M.	Upon Receipt	49.96

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Date of Last Payment: 9/13/2024			Amount of Last Payment: -1.59		
Patient: RAJA M. ABURAHMEH	Rendering Physician: AHMED A. MORSY MD	Chart Number: ABURA002	Place of Service: CLS HEALTH	Date of Birth: 01/07/1959	

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/07/24	99999	NO SHOW		25.00		0.00	25.00

Patient: RAJA M. ABURAHMEH			Rendering Physician: AHMED A. MORSY MD	Chart Number: ABURA002	Place of Service: CLS HEALTH	Date of Birth: 01/07/1959		
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by Patient Deductible	Ambetter	Adjustments	Remainder

12/07/23	73130	X-ray exam of hand	LT	112.00	-23.01	-21.48	-81.32	-13.81
12/07/23	73130	X-ray exam of hand	RT	112.00		-21.48	-81.32	9.20

Patient: RAJA M. ABURAHMEH			Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ABURA002	Place of Service: CLS HEALTH	Date of Birth: 01/07/1959		
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by Patient Deductible	Ambetter	Adjustments	Remainder

12/18/23	97162	Pt eval mod complex 30 min	GP	304.00	-5.00	-58.15	-220.93	19.92
12/26/23	97110	Therapeutic exercises	GP	89.00	-33.90	-17.05	-64.64	-26.59
12/26/23	97140	Manual therapy 1/> regions	GP	82.00		-15.70	-59.57	6.73
12/26/23	97530	Therapeutic activities	GP	112.00		-21.48	-81.31	9.21

Patient: RAJA M. ABURAHMEH			Rendering Physician: NEDAL ADI MD	Chart Number: ABURA002	Place of Service: CLS HEALTH	Date of Birth: 01/07/1959			
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by Patient Deductible	Paid by MEDICARE	Paid by TMHP	Adjustments	Reminder

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Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
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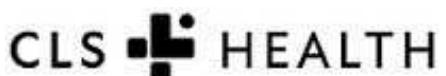
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07/29/24	76770	Us exam abdo back wall comp	323.00	-85.82	-1.59	-215.29	20.30
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YUSUF F. ABUHALWA
10806 CAYMAN MIST DR
HOUSTON, TX 77075-5056

(832)640-6512

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUYU000	1
Guarantor	Due Date	Payment Due
YUSUF F.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
YUSUF F. ABUHALWA	MOUSTAFA M. AHMED MD	ABUYU000	CLS HEALTH	11/28/1984		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible COMMUNI	Adjustments	Remainder
01/11/21	99999	NO SHOW	25.00	0.00		25.00

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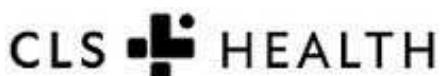
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ZAID F. ABUGHAZALEH
3738 GRAND HILLS LN
FRIENDSWOOD, TX 77546-5369

(281)704-5712

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Guarantor	Due Date	Payment Due
ZAID F.	Upon Receipt	129.15

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Date of Last Payment: 3/27/2024			Amount of Last Payment: -37.70		
Patient: ZAID F. ABUGHAZALEH	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ABUZA000	Place of Service: CLS HEALTH	Date of Birth: 07/14/1986	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to CIGNA	Paid by CIGNA	Adjustments	Remainder
03/07/24	99213	OFFICE VISIT EST/LEVEL 3		274.00		-37.70	-201.30	35.00

Patient: ZAID F. ABUGHAZALEH	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ABUZA000	Place of Service: HOUSTON	Date of Birth: 07/14/1986
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to CIGNA	Paid by CIGNA	Adjustments	Remainder
01/17/24	49616	Rpr aa hrn rcr 3-10 ncr/s/trn		2,703.0		-847.39	-1,761.46	94.15

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MERANDA L. ACCARDO
13403 MISTY SANDS LN
HOUSTON, TX 77034-5616

(832)264-1685

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Guarantor	Due Date	Payment Due
MERANDA L.	Upon Receipt	92.49

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Date of Last Payment:	12/5/2023	Amount of Last Payment:	-1,443.88
Patient: MERANDA L. ACCARDO	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ACCME000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
05/17/21	20600	Drain/inj joint/bursa w/o us	RT	163.00	-10.00	-45.76	0.00		-117.24	35.76
05/17/21	G8484	Flu immunize no admin		0.01			0.00			0.01
05/17/21	G8420	Calc bmi norm parameters		0.01			0.00			0.01
05/17/21	G8430	Ec at doc medrec pt not elig		0.01			0.00			0.01
09/16/21	20610	Drain/inj joint/bursa w/o us	RT	201.00		-56.70	0.00		-144.30	56.70

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

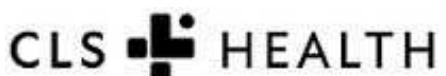
Call 281-694-5986

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

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

Amount Due

92.49



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

AIDA E. ACEVEDO CANJURA
1805 DOLPHIN DR
SEABROOK, TX 77586-2957

(973)747-2250

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEAI000	1
Guarantor	Due Date	Payment Due
AIDA E.	Upon Receipt	101.76

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: **9/6/2022**

Amount of Last Payment: **-198.36**

Patient: AIDA E. ACEVEDO	Rendering Physician: Maha Al-lahiq MD	Chart Number: ACEAI000	Place of Service: HOUSTON	Date of Birth: 03/10/1985
------------------------------------	---	----------------------------------	-------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
03/19/22	99220	Observation, Initial - High Severity		550.00		-85.39	-407.69	56.92
03/20/22	99225	Subsequent observation care		218.00		-33.63	-161.95	22.42
03/21/22	99217	OBSERVATION DISCHARGE		220.00		-33.63	-163.95	22.42

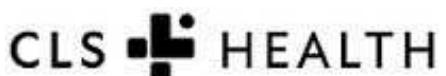
Have a question about your balance, or need to update your insurance information with us?
Call 281-694-5986

Amount Due

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

101.76

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



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

ANGIE J. ACEVES
4747 BURKE RD
PASADENA, TX 77504-4005

(832)339-8839

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEAN001	1
Guarantor	Due Date	Payment Due
ANGIE J. ACEVES	Upon Receipt	45.00

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Make Checks Payable To:

CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment:	9/18/2024	Amount of Last Payment:	-72.56
-----------------------	-----------	-------------------------	--------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGIE J. ACEVES	SARAH E. CRAWFORD FNP-	ACEAN001	CLS HEALTH	07/17/2009

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
03/04/24	99204	OFFICE VIST NEW LEVEL 4		507.00		-75.95	-401.05	30.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGIE J. ACEVES	JIHAD M. HARMOUCHE MD	ACEAN001	CLS HEALTH	07/17/2009

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
06/17/24	99214	OFFICE VISIT EST/LEVEL 4	GQ	387.00	-15.00	-72.56	-284.44	15.00

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

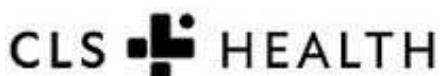
Call 281-694-5986

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

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

Amount Due

45.00



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

BLANCA ACEVEDO
4314 LAINE LN
BAYTOWN, TX 77521-1673

(832)629-6015

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEBL000	1
Guarantor	Due Date	Payment Due
BLANCA	Upon Receipt	25.00

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
BLANCA ACEVEDO	ABDELNASER ELKHALILI MD	ACEBL000	CLS HEALTH	07/18/1954			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by INTEGRAN	Adjustments	Reminder
01/06/21	99999	NO SHOW	25.00		0.00		25.00

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

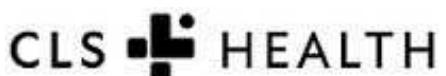
Call 281-694-5986

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

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

Amount Due

25.00



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

CHRISTINA ACEVEDO
3850 FM 518 RD E APT 3501
LEAGUE CITY, TX 77573-0799

(561)377-9847

Statement Date	Invoice Number	Page
02/10/2025	CLS ACECH000	1
Guarantor	Due Date	Payment Due
CHRISTINA	Upon Receipt	143.94

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 5/30/2023				Amount of Last Payment: -155.57			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CHRISTINA ACEVEDO	MOHAMED A. KHALIL MD	ACECH000	CLS HEALTH	01/15/1980			
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
			Charge	Patient	Deductible	United	
03/22/23	95930	Visual ep test cns w/i&r	200.00	-60.00		-48.82	
							-102.35 -11.17
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CHRISTINA ACEVEDO	MOHAMED A. KHALIL MD	ACECH000	CLS HEALTH	01/15/1980			
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
			Charge	Patient	Deductible	United	
03/22/23	95819	Eeg awake and asleep	1,339.0	-120.00		-99.22	
03/22/23	95913	Nrv cn dj test 13/> studies	862.00		-155.58	-155.57	
							-1,140.55 -20.77 -550.85 155.58
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CHRISTINA ACEVEDO	MOHAMED A. KHALIL MD	ACECH000	CLS HEALTH	01/15/1980			
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	
			Charge	Patient	Deductible	United	
03/29/23	99212	OFFICE VISIT EST/LEVEL 2	171.00		-20.30	0.00	
							-150.70 20.30

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

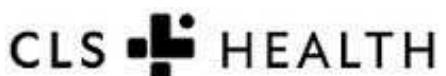
Call 281-694-5986

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

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

Amount Due

143.94



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

DELFINA V. ACEVEDO
13927 BONNINGTON DR
HOUSTON, TX 77034-5407

(832)228-8422

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEDE000	1
Guarantor	Due Date	Payment Due
DELFINA V.	Upon Receipt	37.30

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Webster, TX 77598

Date of Last Payment:	10/2/2024	Amount of Last Payment:	-102.81
Patient: DELFINA V. ACEVEDO	Rendering Physician: MARY MERCADO MD	Chart Number: ACEDE000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/30/24	99204	OFFICE VIST NEW LEVEL 4		507.00		-134.69	-337.95
04/30/24	93000	Electrocardiogram complete		43.00		-11.51	-28.55

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

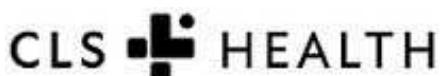
Call 281-694-5986

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

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

Amount Due

37.30



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

IGNACIO ACEVEDO
3075 MUSTANG RD APT 2204
ALVIN, TX 77511-3484

(713)296-0321

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEIG000	1
Guarantor	Due Date	Payment Due
IGNACIO	Upon Receipt	25.00

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Webster, TX 77598

Date of Last Payment: 4/23/2021		Amount of Last Payment: -20.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
IGNACIO ACEVEDO	TRAVIS GOODALE MD	ACEIG000	CLS HEALTH	09/16/1955
Dates Procedure Description Paid By Applied to Paid by				
		Modifier Charge	Patient Deductible	RENAISSA
03/25/21	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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

Amount Due

25.00



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Webster, TX 77598
281-694-5986

JOSE J. ACEVEDO
2008 YORKTOWN CT N
LEAGUE CITY, TX 77573-5054

(281)338-2439

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEJO000	1
Guarantor	Due Date	Payment Due
JOSE J.	Upon Receipt	50.00

Pay Online

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or scan the QR Code



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Webster, TX 77598

Date of Last Payment: 11/15/2023

Amount of Last Payment: -170.32

Patient: JOSE J. ACEVEDO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ACEJO000	Place of Service: CLS HEALTH	Date of Birth: 03/01/1954
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	AETNA	
06/01/22	99992	NO SHOW			50.00		0.00	50.00

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

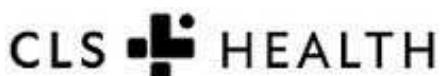
Call 281-694-5986

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

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

Amount Due

50.00



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

JOSE ACEVES
206 HAVER ST
BAYTOWN, TX 77520-3027

(832)414-5139

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEJO002	1
Guarantor	Due Date	Payment Due
JOSE ACEVES	Upon Receipt	25.00

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or scan the QR Code



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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JOSE ACEVES	ABDELNASER ELKHALILI MD	ACEJO002	CLS HEALTH	11/08/1996			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by IMAGINE	Adjustments	Reminder
09/05/23	99999	NO SHOW	25.00		0.00		25.00

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

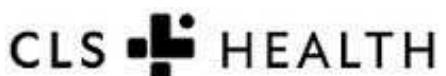
Call 281-694-5986

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

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

Amount Due

25.00



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

MARIA E. ACEVEDO
15603 GULF FWY APT 908
WEBSTER, TX 77598-3836

(713)517-7240

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEMA002	1
Guarantor	Due Date	Payment Due
MARIA E.	Upon Receipt	10.00

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or scan the QR Code



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Webster, TX 77598

Date of Last Payment: 10/23/2024

Amount of Last Payment: -131.14

Patient: MARIA E. ACEVEDO	Rendering Physician: MOLHAM ALDEIRI MD	Chart Number: ACEMA002	Place of Service: CLS HEALTH	Date of Birth: 08/03/1984
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MOLINA		
05/14/24	93306	Tte w/doppler complete		585.00		-188.27	-386.73	10.00

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

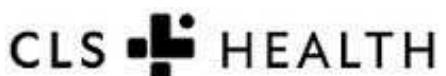
Call 281-694-5986

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

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

Amount Due

10.00



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

NIDIA H. ACEVES
239 PRINCESS DR
HOUSTON, TX 77034-1517

(832)276-6942

Statement Date	Invoice Number	Page
02/10/2025	CLS ACENI000	1
Guarantor	Due Date	Payment Due
NIDIA H. ACEVES	Upon Receipt	50.00

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or scan the QR Code



Make Checks Payable To:

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Webster, TX 77598

Date of Last Payment: 10/25/2023

Amount of Last Payment: -25.82

Patient: NIDIA H. ACEVES	Rendering Physician: REGINA PILLAI MD	Chart Number: ACENI000	Place of Service: CLS HEALTH	Date of Birth: 12/18/1966
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			BLUE
09/08/23	94060	Evaluation of wheezing		116.00	-2.97		-63.03	50.00

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

Amount Due

50.00



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

STACEY W. ACEVES
9747 SHELL ROCK RD
LA PORTE, TX 77571-4122

(346)228-3155

Statement Date	Invoice Number	Page
02/10/2025	CLS ACEST000	1
Guarantor	Due Date	Payment Due
STACEY W.	Upon Receipt	25.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 3/4/2022

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
STACEY W. ACEVES	ABDELNASER ELKHALILI MD	ACEST000	CLS HEALTH	11/10/1976				
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by Patient	COMMUNI	Adjustments	Remainder
02/09/23	99999	NO SHOW		25.00		0.00		25.00

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

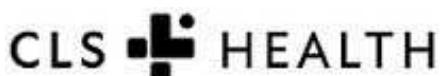
Call 281-694-5986

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

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

Amount Due

25.00



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

RUSSELL ACHORD
1529 1ST AVE N
TEXAS CITY, TX 77590-8432

(409)683-6494

Statement Date	Invoice Number	Page
02/10/2025	CLS ACHRU001	1
Guarantor	Due Date	Payment Due
RUSSELL	Upon Receipt	123.92

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 11/8/2023		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RUSSELL ACHORD	MOUSTAFA M. AHMED MD	ACHRU001	CLS HEALTH	09/23/1968

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by United	Adjustments		Remainder
			Modifier	Charge					
09/04/23	80307	Drug test prsmv chem anlyzr	Q6	186.00	-33.52	0.00		-152.48	33.52
09/05/23	G0483	Drug test def 22+ classes	Q6	741.00	-90.40	0.00		-650.60	90.40

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Call 281-694-5986

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

Amount Due

123.92



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

LORI A. ACKER
19200 SPACE CENTER BLVD 1720
HOUSTON, TX 77058-3853

(409)504-3484

Statement Date	Invoice Number	Page
02/10/2025	CLS ACKLO000	1
Guarantor	Due Date	Payment Due
LORI A. ACKER	Upon Receipt	253.55

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	11/2/2021	Amount of Last Payment:	0.00
Patient: LORI A. ACKER	Rendering Physician: Maha Al-lahiq MD	Chart Number: ACKLO000	Place of Service: HOUSTON

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder
10/16/21	99220	Observation, Initial - High Severity		559.00	-181.90	0.00	-377.10	181.90
10/17/21	99217	OBSERVATION DISCHARGE		222.00	-71.65	0.00	-150.35	71.65

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

253.55



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

SYLVIA M. ACKMAN
902 AVENUE L
SOUTH HOUSTON, TX 77587-5016

(832)646-9259

Statement Date	Invoice Number	Page
02/10/2025	CLS ACKSY000	1
Guarantor	Due Date	Payment Due
SYLVIA M.	Upon Receipt	130.00

Pay Online

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or scan the QR Code



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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 7/7/2022

Amount of Last Payment: -167.73

Patient: SYLVIA M. ACKMAN	Rendering Physician: RAZI M. RASHID MD	Chart Number: ACKSY000	Place of Service:	Date of Birth: 05/04/1943
-------------------------------------	--	----------------------------------	-------------------	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by RENAISSA	Adjustments		Remainder
			Modifier	Charge	Applied to Patient Deductible		Adjustments		
03/01/22	95819	Eeg awake and asleep		1,421.0	-20.00	-473.63		-947.37	-20.00
03/01/22	95957	Eeg digital analysis		824.00		-124.53		-549.47	150.00

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

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Amount Due

130.00



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281-694-5986

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOAL000	1
Guarantor	Due Date	Payment Due
ALMA L. ACOSTA	Upon Receipt	99.45

ALMA L. ACOSTA
2829 33RD AVE N
TEXAS CITY, TX 77590-3842

(409)599-7755

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: 12/27/2023	Amount of Last Payment: -30.00
----------------------------------	--------------------------------

Patient: **ALMA L. ACOSTA** Rendering Physician: **ABDELNASER ELKHALILI MD** Chart Number: **ACOAL000** Place of Service: **CLS HEALTH** Date of Birth: **02/27/1951**

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
05/10/21	J7325	Synvisc or synvisc-one		0.01		-0.01	-0.01	-0.01
05/17/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00		-30.00 -57.80	-316.20	30.00
10/28/21	J3301	Triamcinolone acet inj nos		16.00		-0.72 -4.08	-11.20	0.72

Patient: **ALMA L. ACOSTA** Rendering Physician: **VENKATA K. JONNA MD** Chart Number: **ACOAL000** Place of Service: **CLS HEALTH** Date of Birth: **02/27/1951**

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
11/01/21	73564	X-rayexam knee 4 or more		144.00	-12.74	-38.44	-105.56	-12.74

Patient: **ALMA L. ACOSTA** Rendering Physician: **VENKATA K. JONNA MD** Chart Number: **ACOAL000** Place of Service: **CLS HEALTH** Date of Birth: **02/27/1951**

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
11/01/21	99205	OFFICE VIST NEW LEVEL 5		690.00	-30.00	-183.87	-506.13	-30.00

Patient: **ALMA L. ACOSTA** Rendering Physician: **ABDELNASER ELKHALILI MD** Chart Number: **ACOAL000** Place of Service: **CLS HEALTH** Date of Birth: **02/27/1951**

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
03/02/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-30.00 -64.49	0.00	-218.51	34.49
03/02/22	20610	Drain/inj joint/bursa w/o us	LT	204.00		-58.96 0.00	-145.04	58.96

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ALMA L. ACOSTA
2829 33RD AVE N
TEXAS CITY, TX 77590-3842

(409)599-7755

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOAL000	2
Guarantor	Due Date	Payment Due
ALMA L. ACOSTA	Upon Receipt	99.45

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03/09/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-91.98	-64.31	0.00	-218.51	-27.49
03/09/22	20610	Drain/inj joint/bursa w/o us	LT	204.00			-29.14	-145.04	29.82
03/29/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-39.30		-34.49	-218.51	-9.30
07/29/22	99999	NO SHOW		25.00			0.00		25.00

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CARLINA ACOSTA
3868 LAURA LEIGH DR
FRIENDSWOOD, TX 77546-4159

(832)614-3682

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOCA001	1
Guarantor	Due Date	Payment Due
CARLINA ACOSTA	Upon Receipt	133.74

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Date of Last Payment: 12/3/2024		Amount of Last Payment: -150.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CARLINA ACOSTA	MAAMOUN A. HARMOUCH	ACOCA001	CLS HEALTH	09/14/1974
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
12/07/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-133.74 0.00
				-369.26 133.74

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FRANK ACOSTA
10827 KIRKBEND DR
HOUSTON, TX 77089-3024

(281)717-0971

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOFR000	1
Guarantor	Due Date	Payment Due
FRANK ACOSTA	Upon Receipt	1029.45

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Date of Last Payment: 7/1/2022					Amount of Last Payment: -136.44	
Patient: FRANK ACOSTA	Rendering Physician: EMRAN ABU ATHERAH MD		Chart Number: ACOFR000	Place of Service: UTMB		Date of Birth: 02/25/1968

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to TMHP	Paid by TMHP	Adjustments	Remainder
02/19/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.67	205.33

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
FRANK ACOSTA	TANYA REID FNP	ACOFR000	UTMB	02/25/1968				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to TMHP	Paid by TMHP	Adjustments	Remainder

02/20/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00		0.00	-212.00	106.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
FRANK ACOSTA	REMY TEQWIMUAH MD	ACOFR000	UTMB	02/25/1968				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to TMHP	Paid by TMHP	Adjustments	Remainder

02/20/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66
02/21/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66
02/22/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66
02/23/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66
02/24/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-217.88	109.12

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
FRANK ACOSTA	REMY TEQWIMUAH MD	ACOFR000	UTMB	02/25/1968				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to SELFPAY	Paid by SELFPAY	Adjustments	Remainder

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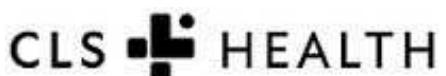
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FRANK ACOSTA
10827 KIRKBEND DR
HOUSTON, TX 77089-3024

(281)717-0971

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOFR000	2
Guarantor	Due Date	Payment Due
FRANK ACOSTA	Upon Receipt	1029.45

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11/15/21	99223	INITIAL HOSPITAL/HIGH	616.00	0.00	-410.76	205.24
11/19/21	99239	HOSPITAL DISCHARGE, LONG	327.00	0.00	-217.88	109.12

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JUAN P. ACOSTA FLORES
3705 CAMPBELL RD TRLR 33
HOUSTON, TX 77080-1305

(713)647-1012

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOJU000	1
Guarantor	Due Date	Payment Due
JUAN P. ACOSTA	Upon Receipt	13.52

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Date of Last Payment:	2/3/2022	Amount of Last Payment:	-80.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JUAN P. ACOSTA FLORES	SHAFRAZ MOHAMMED MD	ACOJU000	HOUSTON	08/09/1988

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/11/21	99220	Observation, Initial - High Severity		559.00		-181.90	-372.69
05/12/21	99217	OBSERVATION DISCHARGE		222.00		-71.65	-147.95

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JUAN P. ACOSTA FLORES	SHAFRAZ MOHAMMED MD	ACOJU000	HOUSTON	08/09/1988

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/22/21	99236	Hosp/Obs - Admit/Disch Same Day Level		660.00		-213.20	-440.09

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13.52



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KEENA E. ACOCK
1920 SUNSET DR
DICKINSON, TX 77539-4648

(832)221-1173

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOKE000	1
Guarantor	Due Date	Payment Due
KEENA E. ACOCK	Upon Receipt	89.42

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Date of Last Payment:	2/15/2024		Amount of Last Payment:	-66.92
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KEENA E. ACOCK	MAHMOOD DWEIK MD	ACOKE000		12/21/1968

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
08/09/22	95806	Sleep study unatt&resp efft		288.00	-25.87	-153.72		-95.85 12.56
08/10/22	95806	Sleep study unatt&resp efft		288.00		-153.72		-95.85 38.43
08/11/22	95806	Sleep study unatt&resp efft		288.00		-153.72		-95.85 38.43

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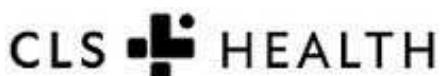
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Amount Due

89.42



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MARIA D. ACOSTA CASTILLO
8400 BROADWAY ST APT 143
HOUSTON, TX 77061-1810

(713)732-2712

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOMA003	1
Guarantor	Due Date	Payment Due
MARIA D.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
MARIA D. ACOSTA		ACOMA003	CLS HEALTH	02/25/1957				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELCARE	Paid by TMHP	Adjustments	Reminder
03/05/24	99999	NO SHOW	25.00		0.00	0.00		25.00

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25.00



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RITA P. ACOSTA
2126 VICTORY ST
GALVESTON, TX 77551-1464

(409)744-3212

Statement Date	Invoice Number	Page
02/10/2025	CLS ACORI000	1
Guarantor	Due Date	Payment Due
RITA P. ACOSTA	Upon Receipt	212.21

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Date of Last Payment: 8/18/2022	Amount of Last Payment: -57.02
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Patient: RITA P. ACOSTA	Rendering Physician: NISARG PATEL MD	Chart Number: ACORI000	Place of Service: MAINLAND	Date of Birth: 08/26/1931
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
06/18/22	99223	INITIAL HOSPITAL/HIGH		609.00		-160.08	-409.03	39.89
06/19/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.60	-147.04	14.36
06/20/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.60	-147.04	14.36
06/22/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.60	-147.04	14.36
06/27/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.60	-147.04	14.36
06/29/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.60	-147.04	14.36
06/30/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.60	-147.04	14.36
07/01/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.02	-147.62	14.36
07/02/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.02	-147.62	14.36
07/03/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.02	-147.62	14.36
07/04/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.02	-147.62	14.36
07/05/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.02	-147.62	14.36
07/06/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.02	-147.62	14.36

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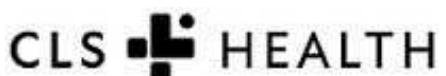
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Amount Due

212.21



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SARA V. ACOSTA
313 AVENUE E
SOUTH HOUSTON, TX 77587-4156

(832)618-4210

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOSA002	1
Guarantor	Due Date	Payment Due
SARA V. ACOSTA	Upon Receipt	21.04

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Date of Last Payment:	12/28/2023		Amount of Last Payment:	-10.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SARA V. ACOSTA	AHMED A. MORSY MD	ACOSA002	CLS HEALTH	07/19/1961

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
02/02/23	20610	Drain/inj joint/bursa w/o us	RT	197.00		-50.40		-129.80	16.80
02/02/23	J3301	Triamcinolone acet inj nos		12.00		0.00		-7.76	4.24

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ELIZABETH M. ACREE
PO BOX 567
SANTA FE, TX 77510-0567

(409)599-3968

Statement Date	Invoice Number	Page
02/10/2025	CLS ACREL000	1
Guarantor	Due Date	Payment Due
ELIZABETH M.	Upon Receipt	130.46

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Date of Last Payment: 12/11/2024				Amount of Last Payment: -84.55		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ELIZABETH M. ACREE	ABDELNASER ELKHALILI MD	ACREL000	CLS HEALTH	11/04/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
04/28/21	G8427	Doceprevir meds by elig clin	0.01		0.00	0.01
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ELIZABETH M. ACREE	ABDELNASER ELKHALILI MD	ACREL000	CLS HEALTH	11/04/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
01/31/24	99999	NO SHOW	25.00		0.00	25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ELIZABETH M. ACREE	ABDELNASER ELKHALILI MD	ACREL000	CLS HEALTH	11/04/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
08/29/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-12.70	-199.30 60.00
08/29/23	J3489	Zoledronic acid 1mg		165.00	-45.45 0.00	-119.55 45.45

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130.46



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KAREN ACTON
P O BOX 3903
GALVESTON, TX 77552-0903

(409)370-0506

Statement Date	Invoice Number	Page
02/10/2025	CLS ACTKA000	1
Guarantor	Due Date	Payment Due
KAREN ACTON	Upon Receipt	175.00

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Date of Last Payment: 7/11/2022			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
KAREN ACTON		MOHAMED A. KHALIL MD	ACTKA000	CLS HEALTH	04/15/1957
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELL
05/24/21	99999	NO SHOW	25.00		0.00
08/05/21	99999	NO SHOW	25.00		0.00
08/26/21	99999	NO SHOW	25.00		0.00
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELL
01/31/22	99999	NO SHOW	25.00		0.00
05/05/22	99999	NO SHOW	25.00		0.00
05/16/22	99999	NO SHOW	25.00		0.00
06/30/22	99999	NO SHOW	25.00		0.00

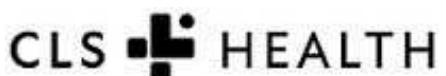
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Amount Due
175.00



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281-694-5986

ANGELITA ACUNA
14400 US HWY 59 APT 80
HOUSTON, TX 773691368

(832)539-9002

Statement Date	Invoice Number	Page
02/10/2025	CLS ACUAN000	1
Guarantor	Due Date	Payment Due
ANGELITA ACUNA	Upon Receipt	75.00

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Date of Last Payment: 11/20/2024			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ANGELITA ACUNA		MOUSTAFA M. AHMED MD	ACUAN000	CLS HEALTH	04/25/1982
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI
11/08/23	99999	NO SHOW	25.00		0.00
08/13/24	99999	NO SHOW	25.00		0.00
05/02/24	99999	NO SHOW	25.00		0.00
					Adjustments Remainder
					25.00
					25.00
					25.00

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CLOE ACUNA SCAFATI
3255 LAS PALMAS ST APT 437
HOUSTON, TX 77027-5777

(832)396-1040

Statement Date	Invoice Number	Page
02/10/2025	CLS ACUCL000	1
Guarantor	Due Date	Payment Due
CLOE ACUNA	Upon Receipt	75.63

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Date of Last Payment: 11/13/2024	Amount of Last Payment: -1,304.76
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Patient: CLOE ACUNA SCAFATI	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ACUCL000	Place of Service: CLS HEALTH	Date of Birth: 05/19/1985
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by CIGNA	Adjustments		Remainder
				Charge	Patient Deductible				
04/15/24	76816	OB US FOLLOW-UP PER FETUS	Q6	327.00	-67.87	-54.30		-259.13	13.57
04/15/24	76819	FETAL BIOPHYS PROFIL W/O NST	Q6	256.00	-51.55	-41.24		-204.45	10.31
04/15/24	81003	Urinalysis auto w/o scope	Q6	7.00	-1.00	-0.80		-6.00	0.20
04/22/24	76819	FETAL BIOPHYS PROFIL W/O NST	Q6	256.00	-51.55	0.00		-204.45	51.55

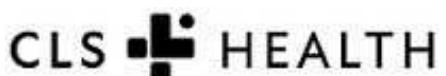
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75.63



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281-694-5986

JAIME ACUNA
1508 N AVENUE Q
FREEPORT, TX 77541-3706

(979)201-6872

Statement Date	Invoice Number	Page
02/10/2025	CLS ACUJA000	1
Guarantor	Due Date	Payment Due
JAIME ACUNA	Upon Receipt	25.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JAIME ACUNA		ABDELNASER ELKHALILI MD	ACUJA000	CLS HEALTH	01/12/1962
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
03/31/22	99999	NO SHOW	25.00		0.00
					Adjustments Remainder
					25.00

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

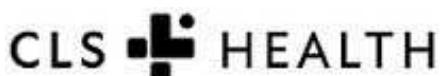
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Amount Due

25.00



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281-694-5986

MANUEL E. ACUNA
5621 CRIPPLE BROOK CT
HOUSTON, TX 77017-5962

(713)516-4304

Statement Date	Invoice Number	Page
02/10/2025	CLS ACUMA001	1
Guarantor	Due Date	Payment Due
MANUEL E.	Upon Receipt	73.66

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MANUEL E. ACUNA	NISARG PATEL MD	ACUMA001	HARBOR	03/12/1954			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible MEDICARE	Adjustments	Remainder	
06/06/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	0.00	-145.34	73.66

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Amount Due

73.66



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ADOLFO ADAME
PO BOX 724
ALVIN, TX 77512-0724

(281)935-3191

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAAD000	1
Guarantor	Due Date	Payment Due
ADOLFO ADAME	Upon Receipt	69.73

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Date of Last Payment: 8/1/2023

Amount of Last Payment: -102.13

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ADOLFO ADAME	NISARG PATEL MD	ADAAD000	UTMB	01/23/1947

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
05/03/22	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00		-84.26	-209.74	21.00
05/05/22	99239	HOSPITAL DISCHARGE, LONG	GW	324.00		-86.62	-215.80	21.58

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ADOLFO ADAME	REMY TEQWIMUAH MD	ADAAD000	UTMB	01/23/1947

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
05/02/22	99219	Observation, Initial - Moderate Severity	GW	407.00		-107.52	-272.33	27.15

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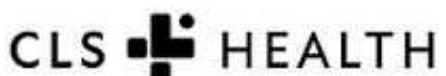
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Amount Due

69.73



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ANA L. ADAME
17022 STONE STILE DR
FRIENDSWOOD, TX 77546-2628

(281)900-1032

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAAN002	1
Guarantor	Due Date	Payment Due
ANA L. ADAME	Upon Receipt	62.65

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Date of Last Payment:	10/19/2023	Amount of Last Payment:	-14.34
Patient: ANA L. ADAME	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ADAAN002	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/25/23	73564	X-ray exam knee 4 or more	LT	142.00		0.00	-106.65
07/25/23	73551	X-ray exam of femur 1	LT	89.00		0.00	-61.70

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Amount Due

62.65



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281-694-5986

Statement Date	Invoice Number	Page
02/10/2025	CLS ADABI000	1
Guarantor	Due Date	Payment Due
BILLY ADAMS	Upon Receipt	171.61

BILLY ADAMS
16754 STARBOARD VIEW DR
FRIENDSWOOD, TX 77546-2344

(832)633-9954

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Date of Last Payment:	9/17/2021	Amount of Last Payment:	-282.08
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Patient: BILLY ADAMS	Rendering Physician: FARRAH ALI FNP-C	Chart Number: ADABI000	Place of Service: ENCOMPASS	Date of Birth: 12/19/1944
--------------------------------	---	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
07/06/21	99223	INITIAL HOSPITAL/HIGH		616.00		-137.01	-444.74	34.25
07/08/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-70.70	-229.62	17.68
07/13/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-49.18	-159.53	12.29
07/15/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-49.18	-159.53	12.29
07/20/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-49.18	-159.53	12.29
07/22/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-49.18	-159.53	12.29

Patient: BILLY ADAMS	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ADABI000	Place of Service: ENCOMPASS	Date of Birth: 12/19/1944
--------------------------------	--	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
07/09/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-83.18	-214.02	20.80
07/12/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-83.18	-214.02	20.80
07/19/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-57.86	-148.68	14.46
07/21/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-57.86	-148.68	14.46

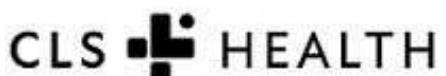
Have a question about your balance, or need to update your insurance information with us?

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

Amount Due
171.61



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281-694-5986

BOBBIE J. ADAMS
2701 13TH AVE N APT 97
TEXAS CITY, TX 77590-5157

(409)370-5928

Statement Date	Invoice Number	Page
02/10/2025	CLS ADABO001	1
Guarantor	Due Date	Payment Due
BOBBIE J.	Upon Receipt	220.35

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Date of Last Payment:	Amount of Last Payment:
Patient: BOBBIE J. ADAMS	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/18/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	57	495.00	-54.64	-127.52	-312.84	54.64
05/18/21	44970	Laparoscopy appendectomy		1,892.0	-165.71	-386.68	-1,339.61	165.71

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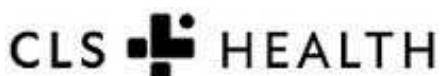
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Amount Due

220.35



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BRANDON ADAMS
805 S VALDERAS ST
ANGLETON, TX 77515-5234

(979)888-6974

Statement Date	Invoice Number	Page
02/10/2025	CLS ADABR000	1
Guarantor	Due Date	Payment Due
BRANDON	Upon Receipt	504.31

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BRANDON ADAMS		ADABR000	UTMB	03/15/1977	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP
02/10/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00
02/10/21	99292	CRITICAL CARE, 30 MIN	340.00		0.00
02/11/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00		0.00
					Adjustments Remainder
					-402.06 275.94
					-219.81 120.19
					-209.82 108.18

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Amount Due

504.31



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BRETT J. ADAMS
2005 SENECA COURT
LEAGUE CITY, TX 77573-4842

(225)270-9386

Statement Date	Invoice Number	Page
02/10/2025	CLS ADABR001	1
Guarantor	Due Date	Payment Due
BRETT J. ADAMS	Upon Receipt	1038.15

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Date of Last Payment:				Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
BRETT J. ADAMS	AMER A. QUADOURA MD	ADABR001	UTMB	09/23/1972		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
05/19/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00	-452.10 225.90
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
BRETT J. ADAMS	MOHAMMAD J. BABA MD	ADABR001	UTMB	09/23/1972		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
05/22/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		0.00	-212.14 105.86
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
BRETT J. ADAMS	LUIGI TERMINELLA MD	ADABR001	UTMB	09/23/1972		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
05/19/21	99292	CRITICAL CARE, 30 MIN	340.00		0.00	-213.25 126.75
05/20/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00	-388.18 289.82
05/21/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00	-388.18 289.82

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Amount Due

1,038.15



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BRANDY N. ADAIR
2231 ERICKSON ST
LA MARQUE, TX 77568-5318

(430)262-0176

Statement Date	Invoice Number	Page
02/10/2025	CLS ADABR002	1
Guarantor	Due Date	Payment Due
BRANDY N.	Upon Receipt	100.00

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Date of Last Payment:	5/26/2023	Amount of Last Payment:	-156.22	
Patient: BRANDY N. ADAIR	Rendering Physician: JOHN G. KNECHT III MD	Chart Number: ADABR002	Place of Service: CLS HEALTH	Date of Birth: 04/03/1979

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/20/21	99999	NO SHOW		25.00		0.00	25.00
12/02/21	99999	NO SHOW		25.00		0.00	25.00
01/11/22	99999	NO SHOW		25.00		0.00	25.00
01/04/22	99999	NO SHOW		25.00		0.00	25.00

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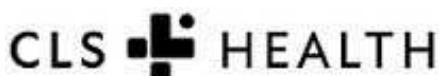
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Amount Due

100.00



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BRIAN C. ADAMS
8458 GARDEN OAKS DR
BEAUMONT, TX 77706-4042

(409)201-7654

Statement Date	Invoice Number	Page
02/10/2025	CLS ADABR003	1
Guarantor	Due Date	Payment Due
BRIAN C. ADAMS	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BRIAN C. ADAMS	ROHIT R. DHIR MD	ADABR003	CLS HEALTH	03/12/1988
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
10/19/22	99992	NO SHOW	50.00	0.00
				Adjustments Remainder 50.00

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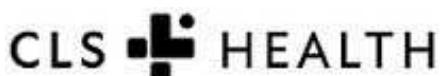
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Amount Due

50.00



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CAROLYN E. ADAMS
16440 MOON ROCK DR APT 105
HOUSTON, TX 77058-1588

(346)397-0273

Statement Date	Invoice Number	Page
02/10/2025	CLS ADACA001	1
Guarantor	Due Date	Payment Due
CAROLYN E.	Upon Receipt	25.00

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Date of Last Payment: 10/16/2023

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CAROLYN E. ADAMS	MOUSTAFA M. AHMED MD	ADACA001	CLS HEALTH	11/19/1959			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
05/20/21	99999	NO SHOW	25.00		0.00	0.00	25.00

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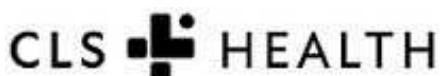
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CAROL J. ADAMS
3650 BURKE RD APT 111
PASADENA, TX 77504-2356

(713)306-2503

Statement Date	Invoice Number	Page
02/10/2025	CLS ADACA003	1
Guarantor	Due Date	Payment Due
CAROL J. ADAMS	Upon Receipt	420.22

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Date of Last Payment:	Amount of Last Payment:
Patient: CAROL J. ADAMS	Rendering Physician: JIRIES S. DAHU MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	MEDICARE			
05/23/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00		0.00		-410.76	205.24
05/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00		-212.14	105.86
05/25/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00		-217.88	109.12

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420.22



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CHERYL ADAMEK
409 PINE MILLS DR
LEAGUE CITY, TX 77573-5721

(832)385-4244

Statement Date	Invoice Number	Page
02/10/2025	CLS ADACH000	1
Guarantor	Due Date	Payment Due
CHERYL ADAMEK	Upon Receipt	205.24

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CHERYL ADAMEK	MOHAMMAD J. BABA MD	ADACH000	UTMB	03/08/1959			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
02/11/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00	-410.76	205.24

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

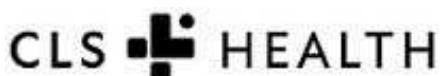
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Amount Due

205.24



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281-694-5986

CRYSTAL M. ADAMES
202 OLIVE AVE
PASADENA, TX 77506-2011

(713)476-8620

Statement Date	Invoice Number	Page
02/10/2025	CLS ADACR000	1
Guarantor	Due Date	Payment Due
CRYSTAL M.	Upon Receipt	20.00

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Date of Last Payment:	12/6/2024	Amount of Last Payment:	-50.00
Patient: CRYSTAL M. ADAMES	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ADACR000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/05/22	99999	NO SHOW		25.00		0.00	25.00
01/02/23	99215	OFFICE VISIT EST/LEVEL 5		563.00	-55.00	-92.60	-420.40 -5.00

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

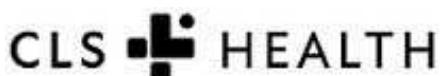
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To make a payment online, go to cls.health/payment

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

Amount Due

20.00



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

CURTIS D. ADAMS
5218 BRIGANTINE CAY
TEXAS CITY, TX 77590-1501

(409)771-0472

Statement Date	Invoice Number	Page
02/10/2025	CLS ADACU000	1
Guarantor	Due Date	Payment Due
CURTIS D.	Upon Receipt	31.46

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment:	9/28/2023	Amount of Last Payment:	-132.87
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Patient: CURTIS D. ADAMS	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ADACU000	Place of Service: CLS HEALTH	Date of Birth: 01/14/1961
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Dates	Procedure	Description	Paid By		Paid by AETNA	Adjustments		Remainder
			Modifier	Charge				
02/16/22	99213	OFFICE VISIT EST/LEVEL 3		283.00	-30.00	-64.49		-218.51 -30.00
03/07/22	54235	Penile injection		274.00	-30.00	0.00		-182.54 61.46

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

Call 281-694-5986

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Amount Due

31.46



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

DARREN L. ADAIR
2104 KINGSWAY DR
LEAGUE CITY, TX 77573-4906

(832)277-7255

Statement Date	Invoice Number	Page
02/10/2025	CLS ADADA001	1
Guarantor	Due Date	Payment Due
DARREN L. ADAIR	Upon Receipt	25.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	11/15/2024	Amount of Last Payment:	-100.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DARREN L. ADAIR	MOHAMED A. KHALIL MD	ADADA001	THE HEIGHTS	06/06/1966

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/25/23	99245	OFFICE CONSULTATION/LEVEL 5	Q6	497.00		-176.12	-310.88 10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DARREN L. ADAIR	MAHMOOD DWEIK MD	ADADA001	CLS HEALTH	06/06/1966

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/29/23	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-10.00	-217.79	-279.21 -10.00
07/28/23	99999	NO SHOW		25.00		0.00	25.00

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ELIZABETH R. ADAMS
11858 13TH ST
SANTA FE, TX 77510-2146

(409)599-6549

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAEL000	1
Guarantor	Due Date	Payment Due
ELIZABETH R.	Upon Receipt	14.33

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ELIZABETH R. ADAMS		MAHESWARY	ADAEL000	CLEAR LAKE	07/13/1993
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
01/31/22	99238	Hospital discharge day	221.00	-14.33	-57.32
					Adjustments Remainder -149.35 14.33

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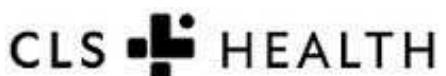
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14.33



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GERALD A. ADAMS
13430 GOLDEN FIELD DR
HOUSTON, TX 77059-2830

(281)480-9381

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAGE000	1
Guarantor	Due Date	Payment Due
GERALD A.	Upon Receipt	85.73

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Date of Last Payment:	2/15/2024	Amount of Last Payment:	-342.88
Patient: GERALD A. ADAMS	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ADAGE000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
11/22/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-66.08	-302.40	16.52
11/22/23	52000	Cystoscopy		730.00		-156.24	-534.70	39.06
11/22/23	76872	Us transrectal		422.00		-119.06	-273.17	29.77
11/22/23	81003	Urinalysis auto w/o scope	QW	7.00		-1.50	-5.12	0.38

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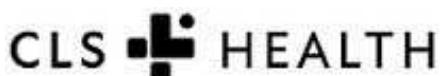
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Amount Due

85.73



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GLENN ADAMS
210 27TH ST
DICKINSON, TX 77539-9693

(631)605-6247

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAGL000	1
Guarantor	Due Date	Payment Due
GLENN ADAMS	Upon Receipt	434.03

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Date of Last Payment: 3/24/2023			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
GLENN ADAMS		EMRAN ABU ATHERAH MD	ADAGL000	UTMB	06/27/1959
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by BRIGHT Adjustments Remainder
12/11/22	99291	CRITICAL CARE 1ST HOUR		672.00	0.00 -447.95 224.05
12/12/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	0.00 -210.01 104.99
12/13/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	0.00 -210.01 104.99

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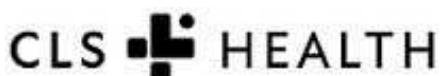
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Amount Due

434.03



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JAMES E. ADAMS
4218 CORK LN
DEER PARK, TX 77536-6225

(281)433-3378

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAJA003	1
Guarantor	Due Date	Payment Due
JAMES E. ADAMS	Upon Receipt	87.95

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Date of Last Payment:	4/30/2024	Amount of Last Payment:	0.00
Patient: JAMES E. ADAMS	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ADAJA003	Place of Service: BAY AREA

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
03/29/24	45385	Colonoscopy w/lesion removal		765.00	-155.00	-238.62	0.00		-526.38	83.62
03/29/24	45380	Colonoscopy and biopsy	59	605.00	-90.00	-94.33	0.00		-510.67	4.33

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Amount Due

87.95



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JOSE F. ADAME
2032 PICKERTON DR
DEER PARK, TX 77536-5838

(713)505-7817

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAJO000	1
Guarantor	Due Date	Payment Due
JOSE F. ADAME	Upon Receipt	11.80

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Date of Last Payment: 4/29/2022		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JOSE F. ADAME		ADAJO000	REGENT CARE	07/22/1938	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEDICARE
02/16/22	99308	Nursing fac care subseq	GW	212.00	-11.80 -47.21
					-152.99 11.80

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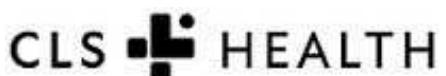
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Amount Due

11.80



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KENNETH W. ADAMS
15701 FIR RD
SANTA FE, TX 77517-2511

(409)457-5934

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAKE000	1
Guarantor	Due Date	Payment Due
KENNETH W.	Upon Receipt	25.00

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Date of Last Payment: 4/5/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
KENNETH W. ADAMS	ABDELNASER ELKHALILI MD	ADAKE000	CLS HEALTH	05/11/1957					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
11/08/23	99999	NO SHOW		25.00		0.00	0.00		25.00

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Amount Due

25.00



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KEVIN ADAMS
1127 DESERT OASIS LN
ROSENBERG, TX 77471-5880

(832)847-5404

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAKE002	1
Guarantor	Due Date	Payment Due
KEVIN ADAMS	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KEVIN ADAMS	CHRISTOPHER R. KANNADY	ADAKE002	CLS HEALTH	09/01/1984
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/16/23	99992	NO SHOW	50.00	Paid by UNITED
				Adjustments Remainder
				50.00

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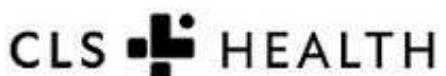
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Amount Due

50.00



PO BOX 58538
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KENYA Q. ADAMS
1605 ENCHANTED BROOK CT
ROSENBERG, TX 77471-6671

(832)250-2820

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAKE003	1
Guarantor	Due Date	Payment Due
KENYA Q.	Upon Receipt	25.00

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Date of Last Payment: 3/12/2024		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KENYA Q. ADAMS	ZEID F. KARADSHEH MD	ADAKE003	CLS HEALTH	01/30/1974
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
09/28/23	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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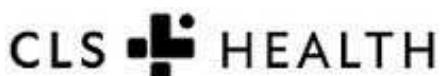
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Amount Due

25.00



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LAKISHA ADAMS
700 POLLARD ST APT 84
JASPER, TX 75951-4679

(409)422-8757

Statement Date	Invoice Number	Page
02/10/2025	CLS ADALA003	1
Guarantor	Due Date	Payment Due
LAKISHA ADAMS	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAKISHA ADAMS	MOUSTAFA M. AHMED MD	ADALA003	CLS HEALTH	02/07/1981
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/02/23	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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Amount Due

25.00



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LESLIE ADAMS
1201 ENTERPRISE AVE APT 514
LEAGUE CITY, TX 77573-2983

(219)796-4545

Statement Date	Invoice Number	Page
02/10/2025	CLS ADALE001	1
Guarantor	Due Date	Payment Due
LESLIE ADAMS	Upon Receipt	105.00

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Date of Last Payment: 8/21/2023		Amount of Last Payment: -40.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LESLIE ADAMS	ZEID F. KARADSHEH MD	ADALE001	CLS HEALTH	03/29/1986			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
08/21/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-40.00	0.00	-358.00	105.00

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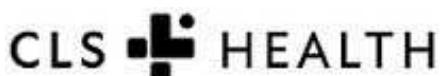
Call 281-694-5986

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Amount Due

105.00



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MARY V. ADAMS
11205 BOWERMAN RD
DICKINSON, TX 77539-7068

(281)808-5749

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAMA001	1
Guarantor	Due Date	Payment Due
MARY V. ADAMS	Upon Receipt	6.16

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Date of Last Payment: 10/18/2021

Amount of Last Payment: -138.62

Patient: MARY V. ADAMS	Rendering Physician: REGINA PILLAI MD	Chart Number: ADAMA001	Place of Service: CLS HEALTH	Date of Birth: 12/19/1966
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
03/04/21	94618	Pulmonary stress testing	59	104.00	-6.16	-24.63	-73.21	6.16

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MARISSA D. ADAMS
7878 SPENCER HWY
PASADENA, TX 77505-1939

(346)548-1534

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAMA006	1
Guarantor	Due Date	Payment Due
MARISSA D.	Upon Receipt	85.00

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Date of Last Payment: 11/22/2024

Amount of Last Payment: 0.00

Patient: MARISSA D. ADAMS	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ADAMA006	Place of Service: CLS HEALTH	Date of Birth: 02/11/1999
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
08/17/23	99245	OFFICE CONSULTATION/LEVEL 5		497.00		-207.79	-279.21	10.00

Patient: MARISSA D. ADAMS	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ADAMA006	Place of Service: THE HEIGHTS	Date of Birth: 02/11/1999
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
05/25/23	99999	NO SHOW		25.00		0.00		25.00

Patient: MARISSA D. ADAMS	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ADAMA006	Place of Service: CLS HEALTH	Date of Birth: 02/11/1999
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by EVERCARE	Adjustments	Reminder
07/22/24	99999	NO SHOW	Q6	25.00		0.00		25.00
09/03/24	99999	NO SHOW	Q6	25.00		0.00		25.00

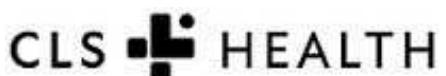
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Amount Due

85.00



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MILES L. ADAMSON
134 CRAWSHAW LN
WEST, TX 76691-2502

(254)716-7009

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAMI000	1
Guarantor	Due Date	Payment Due
MILES L.	Upon Receipt	42.60

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Date of Last Payment:	Amount of Last Payment:
Patient: MILES L. ADAMSON	Rendering Physician: SHAFRAZ MOHAMMED MD Chart Number: ADAMI000 Place of Service: HOUSTON Date of Birth: 02/05/1958

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/11/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-27.32	-154.84	-312.84	27.32
05/12/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-15.28	-86.63	-216.09	15.28

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MICHAEL ADAIR
PO BOX 706
VICTORIA, TX 77902-0706

(409)998-1770

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAMI002	1
Guarantor	Due Date	Payment Due
MICHAEL ADAIR	Upon Receipt	17.55

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Date of Last Payment:	1/10/2024	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL ADAIR	MOUSTAFA M. AHMED MD	ADAMI002	CLS HEALTH	11/03/1961

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	BRIGHT	
10/27/22	94760	Measure blood oxygen level		7.00		-2.55	0.00	-4.45 2.55

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL ADAIR	MOUSTAFA M. AHMED MD	ADAMI002	CLS HEALTH	11/03/1961

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	BRIGHT	
12/20/22	G0483	Drug test def 22+ classes		741.00		-170.19		-555.81 15.00

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17.55



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PATRICE R. ADAMS
910 WILLABY ST
CHANNELVIEW, TX 77530-4700

(832)282-9759

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAPA000	1
Guarantor	Due Date	Payment Due
PATRICE R.	Upon Receipt	297.86

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Date of Last Payment: 10/18/2024					Amount of Last Payment: -75.00				
Patient: PATRICE R. ADAMS		Rendering Physician: ABDELNASER ELKHALILI MD		Chart Number: ADAPA000	Place of Service: CLS HEALTH	Date of Birth: 06/07/1969			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Reminder	
04/09/21	99999	NO SHOW		25.00		0.00		25.00	
03/11/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-5.00	0.00	-223.14	54.86	
03/11/22	96365	Ther/proph/diag iv inf init		213.00		-41.34	-156.52	15.14	
Patient: PATRICE R. ADAMS					Chart Number: ADAPA000	Place of Service: CLS HEALTH	Date of Birth: 06/07/1969		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Reminder	
07/13/22	99215	OFFICE VISIT EST/LEVEL 5		563.00		-43.59	-444.41	75.00	
Patient: PATRICE R. ADAMS					Chart Number: ADAPA000	Place of Service: CLS HEALTH	Date of Birth: 06/07/1969		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Reminder	
04/10/23	99215	OFFICE VISIT EST/LEVEL 5	Q6	540.00	-75.00	-202.86	0.00	-337.14	127.86
Patient: PATRICE R. ADAMS					Chart Number: ADAPA000	Place of Service: CLS HEALTH	Date of Birth: 06/07/1969		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Reminder	
09/01/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-75.00	0.00	-199.30	-2.30	
09/01/23	96365	Ther/proph/diag iv inf init		193.00		-54.55	-136.15	2.30	

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Amount Due

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281-694-5986

PATRICE R. ADAMS
910 WILLABY ST
CHANNELVIEW, TX 77530-4700

(832)282-9759

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAPA000	2
Guarantor	Due Date	Payment Due
PATRICE R.	Upon Receipt	297.86

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09/08/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-75.00	0.00	-199.30	-2.30
09/08/23	96365	Ther/proph/diag iv inf init		193.00		-54.55	-136.15	2.30
09/15/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-150.00	0.00	-199.30	-77.30
09/15/23	96365	Ther/proph/diag iv inf init		193.00		-54.55	-136.15	2.30
09/22/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00		-72.70	0.00	-199.30
09/22/23	96365	Ther/proph/diag iv inf init		193.00		-54.55		-136.15
								2.30

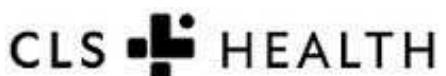
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PATRICIA F. ADAMS
14411 LORNE DR
HOUSTON, TX 77049-4311

(713)419-5137

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAPA001	1
Guarantor	Due Date	Payment Due
PATRICIA F.	Upon Receipt	50.00

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Date of Last Payment: 1/26/2024		Amount of Last Payment: -101.92					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
PATRICIA F. ADAMS	JACQUELINE M. WEGGE MD	ADAPA001	CLS HEALTH	10/01/1947			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	WELCARE	Adjustments	Remainder
11/03/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-134.98		-378.02	50.00

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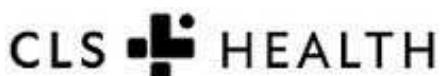
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50.00



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RANDELL ADAMS
2920 OAK RD APT 306
PEARLAND, TX 77584-8816

(409)683-6616

Statement Date	Invoice Number	Page
02/10/2025	CLS ADARA000	1
Guarantor	Due Date	Payment Due
RANDELL ADAMS	Upon Receipt	28.69

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Date of Last Payment:	1/24/2022	Amount of Last Payment:	-79.04	
Patient: RANDELL ADAMS	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ADARA000	Place of Service: CLS HEALTH	Date of Birth: 08/17/1982

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
11/10/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-53.25	-170.82	-269.24	3.69
12/06/21	99999	NO SHOW		25.00		0.00		25.00

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28.69



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SANDRA A. ADAMS
5911 MILLS ST
HITCHCOCK, TX 77563-2228

(409)771-8746

Statement Date	Invoice Number	Page
02/10/2025	CLS ADASA000	1
Guarantor	Due Date	Payment Due
SANDRA A.	Upon Receipt	1245.48

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Date of Last Payment:	Amount of Last Payment:
	0.00

Patient: SANDRA A. ADAMS	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ADASA000	Place of Service: CLEAR LAKE	Date of Birth: 06/05/1960
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
04/06/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	25	495.00		0.00	-330.00	165.00
04/06/21	49320	Diag laparo separate proc		1,032.0		0.00	-688.00	344.00
04/06/21	92242	Fluorescein icg angiography	26	171.00		0.00	-114.98	56.02
04/07/21	99232	HOSPITAL , SUBSEQUENT, MOD	24	221.00		0.00	-147.34	73.66
04/14/21	43653	Laparoscopy gastrostomy	78	1,820.0		0.00	-1,213.20	606.80

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1,245.48



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SHELLEY L. ADAMS
3503 BAY DR
ROSHARON, TX 77583-5517

(713)854-2537

Statement Date	Invoice Number	Page
02/10/2025	CLS ADASH000	1
Guarantor	Due Date	Payment Due
SHELLEY L.	Upon Receipt	218.22

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Webster, TX 77598

Date of Last Payment:	4/14/2023	Amount of Last Payment:	-108.66
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Patient: SHELLEY L. ADAMS	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ADASH000	Place of Service: CLS HEALTH	Date of Birth: 09/11/1974
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by AETNA	Adjustments	Remainder
01/29/21	99214	OFFICE VISIT EST/LEVEL 4		404.00		-47.60	-316.40	40.00

Patient: SHELLEY L. ADAMS	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ADASH000	Place of Service: CLEAR LAKE	Date of Birth: 09/11/1974
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by AETNA	Adjustments	Remainder
01/17/22	76937	Us guide vascular access	26	45.00		-8.93	-33.84	2.23
01/17/22	75716	Artery x-rays arms/legs	26	299.00		-60.70	-223.12	15.18
01/17/22	75625	Contrast exam abdominl aorta	26	219.00		-44.14	-163.82	11.04
01/17/22	37227	Fem/popl revasc stnt & ather	RT	2,205.0		-599.10	-1,456.13	149.77

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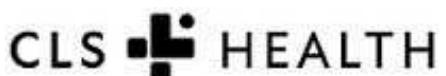
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Amount Due

218.22



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SHONA S. ADAMS
2211 AVENUE L
SANTA FE, TX 77510-7931

(512)430-3772

Statement Date	Invoice Number	Page
02/10/2025	CLS ADASH001	1
Guarantor	Due Date	Payment Due
SHONA S.	Upon Receipt	610.06

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Date of Last Payment:	9/16/2022	Amount of Last Payment:	0.00
Patient: SHONA S. ADAMS	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ADASH001	Place of Service: UTMB

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
01/14/22	99291	CRITICAL CARE 1ST HOUR	25	672.00		0.00	-447.95	224.05
01/14/22	36556	Insert non-tunnel cv cath		261.00		0.00	-30.34	230.66
01/14/22	76937	Us guide vascular access	26	45.00		0.00	-30.81	14.19
01/15/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-173.84	141.16

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Amount Due

610.06



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281-694-5986

SHIRLEY M. ADAWAY
11874 FM 92 RD S
SPURGER, TX 77660-9362

(409)336-4231

Statement Date	Invoice Number	Page
02/10/2025	CLS ADASH002	1
Guarantor	Due Date	Payment Due
SHIRLEY M.	Upon Receipt	314.36

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Date of Last Payment:	Amount of Last Payment:
Patient: SHIRLEY M. ADAWAY	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/30/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-403.76
05/31/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-214.88

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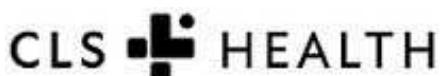
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Amount Due

314.36



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SUSAN ADAMS
13430 GOLDEN FIELD DR
HOUSTON, TX 77059-2830

(281)615-4166

Statement Date	Invoice Number	Page
02/10/2025	CLS ADASU002	1
Guarantor	Due Date	Payment Due
SUSAN ADAMS	Upon Receipt	31.22

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Date of Last Payment: 10/10/2024	Amount of Last Payment: -66.08
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Patient: SUSAN ADAMS	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ADASU002	Place of Service: BAY AREA	Date of Birth: 08/02/1965
--------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITED	Adjustments	Reminder
03/30/23	52332	Cystoscopy and treatment		465.00		-112.00	-325.00	28.00
03/30/23	74420	Contrst x-ray urinary tract	26		234.00	-12.88	-217.90	3.22

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31.22



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TANYA L. ADAMS
6126 HIGHLAND RD
SANTA FE, TX 77517-3141

(979)218-2576

Statement Date	Invoice Number	Page
02/10/2025	CLS ADATA000	1
Guarantor	Due Date	Payment Due
TANYA L. ADAMS	Upon Receipt	1001.69

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Date of Last Payment:	12/17/2021		Amount of Last Payment:	-112.88
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TANYA L. ADAMS	MOHAMMAD J. BABA MD	ADATA000	UTMB	09/25/1969

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	BLUE			
08/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-101.91	0.00		-216.09	101.91
08/03/21	99291	CRITICAL CARE 1ST HOUR	25	678.00	-218.42	0.00		-459.58	218.42
08/03/21	99292	CRITICAL CARE, 30 MIN	25	340.00	-109.56	0.00		-230.44	109.56
08/03/21	31500	Insert emergency airway		442.00	-134.96	0.00		-307.04	134.96
08/04/21	99291	CRITICAL CARE 1ST HOUR		678.00	-218.42	0.00		-459.58	218.42
08/05/21	99291	CRITICAL CARE 1ST HOUR		678.00	-218.42	0.00		-459.58	218.42

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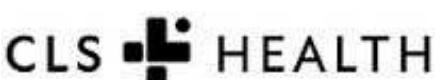
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1,001.69



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Statement Date	Invoice Number	Page
02/10/2025	CLS ADATH001	1
Guarantor	Due Date	Payment Due
THERESA M.	Upon Receipt	88.01

THERESA M. ADAMS
4102 WEBB RD
SANTA FE, TX 77517-2204

(832)904-1843

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Make Checks Payable To:
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Date of Last Payment: 11/20/2024					Amount of Last Payment: -0.01		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
THERESA M. ADAMS		ZULFIQAR CHEEMA MD		ADATH001	CLS HEALTH	11/28/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AMERIGR	Adjustments Remainder
01/20/22	Q9965	LOCM 100-199MG/ML IODINE,1ML		2.00		-0.62	-1.23 0.15
01/20/22	J7030	Normal saline solution infus		8.00		-2.08	-5.40 0.52
04/24/23	74174	Ct angio abd&pelv w/o&w/dye		1,199.0	-55.00	-675.42	-458.58 10.00
Patient:					Place of Service:	Date of Birth:	
THERESA M. ADAMS		ZULFIQAR CHEEMA MD		ADATH001	CLS HEALTH	11/28/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AMERIGR	Adjustments Remainder
06/10/22	99215	OFFICE VISIT EST/LEVEL 5	24	563.00		-151.20	-376.80 35.00
Patient:					Place of Service:	Date of Birth:	
THERESA M. ADAMS		MOUSTAFA M. AHMED MD		ADATH001	CLS HEALTH	11/28/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AMERIVA	Adjustments Remainder
06/28/23	94760	Measure blood oxygen level		7.00		0.00	-4.66 2.34
Patient:					Place of Service:	Date of Birth:	
THERESA M. ADAMS		MOUSTAFA M. AHMED MD		ADATH001	CLS HEALTH	11/28/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AMERIVA	Adjustments Remainder
07/24/23	80307	Drug test prsmv chem analyzr		186.00		-17.60	-158.40 10.00
07/25/23	G0483	Drug test def 22+ classes		741.00		-99.09	-631.91 10.00

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THERESA M. ADAMS
4102 WEBB RD
SANTA FE, TX 77517-2204

(832)904-1843

Statement Date	Invoice Number	Page
02/10/2025	CLS ADATH001	2
Guarantor	Due Date	Payment Due
THERESA M.	Upon Receipt	88.01

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Patient: THERESA M. ADAMS	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ADATH001	Place of Service: CLS HEALTH	Date of Birth: 11/28/1958
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/24/23	80307	Drug test prsmv chem analyzr		186.00		-17.60	-158.40 10.00
08/25/23	G0483	Drug test def 22+ classes		741.00		-99.09	-631.91 10.00

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TIMOTHY D. ADAMS
3738 SOMERTON DR
LA PORTE, TX 77571-7615

(346)350-4584

Statement Date	Invoice Number	Page
02/10/2025	CLS ADATI000	1
Guarantor	Due Date	Payment Due
TIMOTHY D.	Upon Receipt	20.11

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Date of Last Payment: 7/24/2024				Amount of Last Payment: -128.52		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
TIMOTHY D. ADAMS	ROHIT R. DHIR MD	ADATI000	CLS HEALTH	11/17/1962		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WellMed	Adjustments Remainder
03/20/23	51798	Us urine capacity measure	32.00		0.00	-20.94 11.06
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
TIMOTHY D. ADAMS	ROHIT R. DHIR MD	ADATI000	CLS HEALTH	11/17/1962		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WellMed	Adjustments Remainder
04/03/23	74018	X-rayexam abdomen 1 view	91.00	-15.00	-24.40	-66.60 -15.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
TIMOTHY D. ADAMS	ROHIT R. DHIR MD	ADATI000	CLS HEALTH	11/17/1962		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WellMed	Adjustments Remainder
04/03/23	76775	Us exam abdo back wall lim	179.00		0.00	-129.95 49.05
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
TIMOTHY D. ADAMS	ROHIT R. DHIR MD	ADATI000	CLS HEALTH	11/17/1962		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments Remainder
04/10/23	99214	OFFICE VISIT EST/LEVEL 4	95	385.00	-25.00	-128.97
						-256.03 -25.00

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TIFFANY ADAIR
1866 SILENT SHORE CT
LEAGUE CITY, TX 77573-7729

(832)660-3554

Statement Date	Invoice Number	Page
02/10/2025	CLS ADATI001	1
Guarantor	Due Date	Payment Due
TIFFANY ADAIR	Upon Receipt	25.00

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Date of Last Payment: 11/20/2024

Amount of Last Payment: -40.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
TIFFANY ADAIR	ABDELNASER ELKHALILI MD	ADATI001	CLS HEALTH	09/28/1984				
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by Patient	COMMUNI	Adjustments	Reminder
04/12/23	99999	NO SHOW		25.00		0.00		25.00

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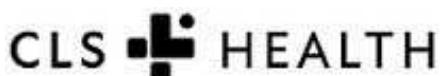
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Amount Due

25.00



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281-694-5986

TRISH A. ADAMS
4410 8TH ST
BACLIFF, TX 77518-2263

(409)748-6067

Statement Date	Invoice Number	Page
02/10/2025	CLS ADATR000	1
Guarantor	Due Date	Payment Due
TRISH A. ADAMS	Upon Receipt	109.12

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TRISH A. ADAMS	MOHAMMAD J. BABA MD	ADATR000	UTMB	11/03/1970
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by TMHP
04/27/21	99239	HOSPITAL DISCHARGE, LONG	327.00	0.00
				-217.88 109.12

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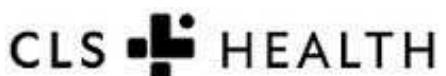
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109.12



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281-694-5986

TRACIA ADAMS
9750 WINDWATER DR APT 128
HOUSTON, TX 77075-2379

(346)317-6351

Statement Date	Invoice Number	Page
02/10/2025	CLS ADATR001	1
Guarantor	Due Date	Payment Due
TRACIA ADAMS	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: TRACIA ADAMS	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/08/24	99999	NO SHOW		25.00		0.00	25.00
12/04/23	99999	NO SHOW		25.00		0.00	25.00

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

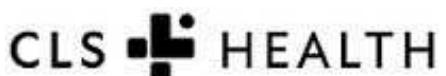
Call 281-694-5986

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

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

Amount Due

50.00



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

VICKI D. ADAMS
214 S 2ND ST
LA PORTE, TX 77571-5129

(832)851-9282

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAVI002	1
Guarantor	Due Date	Payment Due
VICKI D. ADAMS	Upon Receipt	6.63

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Date of Last Payment:	9/10/2021	Amount of Last Payment:	-114.08
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
VICKI D. ADAMS	MAHMOOD DWEIK MD	ADAVI002	CLS HEALTH	11/13/1972

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/03/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-42.60	-40.34	-161.38	-295.28 -2.26

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
VICKI D. ADAMS	MAHMOOD DWEIK MD	ADAVI002		11/13/1972

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/17/21	95806	Sleep study unatt&resp efft	26	316.00	-8.89	-35.57	-271.54	8.89

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

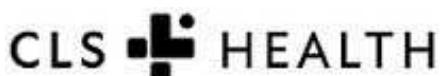
Call 281-694-5986

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

Amount Due

6.63



PO BOX 58538
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281-694-5986

LISA ADCOCK
695 PINELOCH DR APT 515
WEBSTER, TX 77598-1850

(281)508-9932

Statement Date	Invoice Number	Page
02/10/2025	CLS ADCLI000	1
Guarantor	Due Date	Payment Due
LISA ADCOCK	Upon Receipt	475.64

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Webster, TX 77598

Date of Last Payment:			Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
06/18/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-146.56	73.44
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
LISA ADCOCK	REMY TEQWIMUAH MD	ADCLI000	UTMB	10/22/1961				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
07/24/22	99220	Observation, Initial - High Severity		550.00		0.00	-366.64	183.36
07/25/22	99225	Subsequent observation care		218.00		0.00	-145.30	72.70
07/26/22	99225	Subsequent observation care		218.00		0.00	-145.30	72.70
07/27/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-146.56	73.44

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

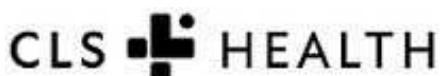
Call 281-694-5986

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Amount Due

475.64



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

JOHN C. ADDISON
3716 COUNTY ROAD 161 TRLR 3
ALVIN, TX 77511-5438

(713)824-5072

Statement Date	Invoice Number	Page
02/10/2025	CLS ADDJO000	1
Guarantor	Due Date	Payment Due
JOHN C.	Upon Receipt	284.07

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Date of Last Payment: 1/7/2022

Amount of Last Payment: -101.91

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOHN C. ADDISON	SHAFRAZ MOHAMMED MD	ADDJO000	HOUSTON	09/30/1958

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
02/25/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-182.16	0.00	-312.84	182.16
02/26/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-101.91	0.00	-216.09	101.91

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

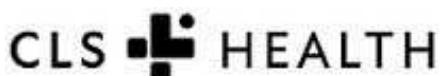
Call 281-694-5986

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

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

Amount Due

284.07



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

ABDULWAHAB ADEWOLE
2717 MINIMAX ST APT 2229
HOUSTON, TX 77008-5041

(312)965-6881

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEAB000	1
Guarantor	Due Date	Payment Due
ABDULWAHAB	Upon Receipt	145.21

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Webster, TX 77598

Date of Last Payment: 6/20/2023			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ABDULWAHAB ADEWOLE		ADEAB000	THE HEIGHTS	07/07/1993	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
05/26/23	99205	OFFICE VIST NEW LEVEL 5	546.00	-20.00 -165.21	0.00
					-380.79 145.21

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

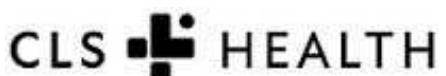
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If remitting payment via mail in check, Please include statement.

Amount Due

145.21



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

FAN ADE
9639 COLLEEN RD
HOUSTON, TX 77080-1224

(713)962-4055

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEFA000	1
Guarantor	Due Date	Payment Due
FAN ADE	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FAN ADE	ABDULHADI M. AKHTAR MD	ADEFA000	CLS HEALTH	02/10/1961
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
12/14/23	99992	NO SHOW	50.00	Paid by CASH
				Adjustments Remainder
				50.00

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

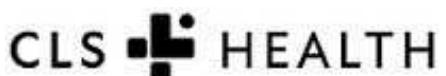
Call 281-694-5986

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

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

Amount Due

50.00



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

HILDA E. ADEWALE
9731 FATIMA LAKE DR
HOUSTON, TX 77099-5631

(832)996-6120

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEHI000	1
Guarantor	Due Date	Payment Due
HILDA E.	Upon Receipt	24.68

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Webster, TX 77598

Date of Last Payment: 12/18/2023

Amount of Last Payment: -45.00

Patient: HILDA E. ADEWALE	Rendering Physician: OMAIR AHMAD MD	Chart Number: ADEHI000	Place of Service: CLS HEALTH	Date of Birth: 09/26/1969
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Dates	Procedure	Description	Paid By			Paid by BLUE	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible				
12/18/23	99203	OFFICE VIST NEW LEVEL 3		338.00	-45.00	-69.68	0.00	-268.32	24.68

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

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

Amount Due

24.68



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

JOB O. ADEBISI
9107 MAGNOLIA VW
HOUSTON, TX 77099-6405

(281)854-5225

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEJO000	1
Guarantor	Due Date	Payment Due
JOB O. ADEBISI	Upon Receipt	49.46

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Date of Last Payment:	6/24/2021	Amount of Last Payment:	-798.19
Patient: JOB O. ADEBISI	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ADEJO000	Place of Service: CLEAR LAKE

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
03/03/21	99254	HOSPITAL CONSULT, LEVEL 4	25	377.00		-128.10	-206.20	42.70
03/03/21	34101	Removal of artery clot	LT	1,843.0		-1,214.86	-621.38	6.76

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Amount Due

49.46



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281-694-5986

OLENCIA ADECLAT
853 FALLING SPRINGS LN
LEAGUE CITY, TX 77573-2251

(512)573-3005

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEOL000	1
Guarantor	Due Date	Payment Due
OLENCIA	Upon Receipt	154.22

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:			Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
OLENCIA ADECLAT		MAHESWARY	ADEOL000	CLEAR LAKE	03/16/1972			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
03/09/22	99223	INITIAL HOSPITAL/HIGH		609.00	-119.58	-78.67	-410.75	119.58
03/10/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.38	-81.53	-213.09	20.38
03/11/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.26	-57.04	-147.70	14.26

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Amount Due

154.22



PO BOX 58538
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281-694-5986

OLUWATOYIN H. ADEGBITE
1750 E LEAGUE CITY PKWY
APT 315
LEAGUE CITY, TX 77573-2692
(713)231-8611

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEOL001	1
Guarantor	Due Date	Payment Due
OLUWATOYIN H.	Upon Receipt	50.00

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: 5/29/2024		Amount of Last Payment: -64.04					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
OLUWATOYIN H.	ABDULHADI M. AKHTAR MD	ADEOL001	CLS HEALTH	08/01/1967			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	BLUE	Adjustments	Remainder
02/01/24	99992	NO SHOW	50.00		0.00		50.00

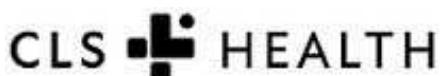
Have a question about your balance, or need to update your insurance information with us?

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Amount Due
50.00



PO BOX 58538
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281-694-5986

OYEBADE G. ADEYEYE
1609 CANTRELL BLVD
CONROE, TX 77301-4007

(409)203-9073

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEOY000	1
Guarantor	Due Date	Payment Due
OYEBADE G.	Upon Receipt	161.72

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or scan the QR Code



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Webster, TX 77598

Date of Last Payment: 8/1/2023

Amount of Last Payment: -40.00

Patient: OYEBADE G. ADEYEYE	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ADEOY000	Place of Service: CLS HEALTH	Date of Birth: 04/21/1981
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments	Remainder	
				Charge	Patient Deductible				
08/01/23	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-40.00	-201.72	0.00	-295.28	161.72

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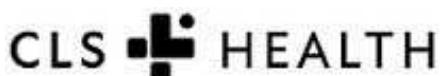
Call 281-694-5986

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

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Amount Due

161.72



PO BOX 58538
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SYEDA M. ADEEL
1110 EL CAMINO VILLAGE DR
HOUSTON, TX 77058-3070

(337)292-2257

Statement Date	Invoice Number	Page
02/10/2025	CLS ADESY000	1
Guarantor	Due Date	Payment Due
SYEDA M. ADEEL	Upon Receipt	24.36

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Date of Last Payment:	11/26/2024	Amount of Last Payment:	-17.55
Patient: SYEDA M. ADEEL	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ADESY000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
12/13/23	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-5.00	-171.77		-335.23 -5.00
12/13/23	76801	OB US < 14 WKS SINGLE FETUS		350.00		-68.52		-252.12 29.36

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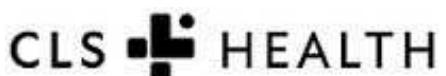
Call 281-694-5986

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

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

Amount Due

24.36



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

MARAM ADI
711 FM 1959 RD APT 908
HOUSTON, TX 77034-5474

(832)419-8651

Statement Date	Invoice Number	Page
02/10/2025	CLS ADIMA000	1
Guarantor	Due Date	Payment Due
MARAM ADI	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment: 12/20/2023

Amount of Last Payment: -116.19

Patient: MARAM ADI	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ADIMA000	Place of Service: CLS HEALTH	Date of Birth: 11/05/1991
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Reminder
07/06/23	99999	NO SHOW		25.00		0.00		25.00

Patient: MARAM ADI	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ADIMA000	Place of Service: CLS HEALTH	Date of Birth: 11/05/1991
------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Reminder
07/19/23	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

50.00



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

PAUL ADINAM
951 STAFFORDALE MANOR LN
HOUSTON, TX 77047-4592

(832)614-2979

Statement Date	Invoice Number	Page
02/10/2025	CLS ADIPA000	1
Guarantor	Due Date	Payment Due
PAUL ADINAM	Upon Receipt	201.00

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or scan the QR Code



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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 2/20/2024		Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
PAUL ADINAM	ROHIT R. DHIR MD	ADIPA000	BAY AREA	03/21/1986				
<hr/>								
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITEDHE	Adjustments	Reminder	
06/01/23	55040	Removal of hydrocele	1,024.0	-100.00	-301.00	0.00	-723.00	201.00

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Amount Due

201.00



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281-694-5986

Statement Date	Invoice Number	Page
02/10/2025	CLS ADISA000	1
Guarantor	Due Date	Payment Due
SADAF B. ADIL	Upon Receipt	69.63

SADAF B. ADIL
1400 EL CAMINO VILLAGE DR
APT 502
HOUSTON, TX 77058-3055
(832)722-6525

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: 3/1/2024	Amount of Last Payment: -21.48
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Patient: SADAF B. ADIL	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ADISA000	Place of Service: CLS HEALTH	Date of Birth: 02/08/1972
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Applied to Ambetter	Paid by	Adjustments		Remainder
				Charge	Adjustments				Remainder	Remainder	
08/16/23	97162	Pt eval mod complex 30 min	Q6	304.00	-5.00		-58.15		-220.93	19.92	
08/16/23	97032	Electrical stimulation	Q6	44.00			-8.35		-32.07	3.58	
08/16/23	97110	Therapeutic exercises	Q6	89.00			-17.05		-64.64	7.31	
08/16/23	97530	Therapeutic activities	Q6	112.00			-21.48		-81.31	9.21	
09/13/23	97164	Pt re-eval est plan care	Q6	211.00	-5.00		-40.33		-153.38	12.29	
09/13/23	97032	Electrical stimulation	Q6	44.00			-8.35		-32.07	3.58	
09/13/23	97110	Therapeutic exercises	Q6	89.00			-17.05		-64.64	7.31	
09/13/23	97140	Manual therapy 1/> regions	Q6	82.00			-15.70		-59.57	6.73	
09/13/23	97530	Therapeutic activities	Q6	112.00			-21.48		-81.31	9.21	

Patient: SADAF B. ADIL	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ADISA000	Place of Service: CLS HEALTH	Date of Birth: 02/08/1972
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Applied to Ambetter	Paid by	Adjustments		Remainder
				Charge	Adjustments				Remainder	Remainder	
08/29/23	97032	Electrical stimulation	GP	44.00	-30.00		-8.35		-32.07	-26.42	
08/29/23	97110	Therapeutic exercises	GP	89.00			-17.05		-64.64	7.31	
08/29/23	97140	Manual therapy 1/> regions	GP	82.00			-15.70		-59.57	6.73	
08/29/23	97530	Therapeutic activities	GP	112.00			-21.48		-81.31	9.21	
08/31/23	97032	Electrical stimulation	GP	44.00	-30.00		-8.35		-32.07	-26.42	
08/31/23	97110	Therapeutic exercises	GP	89.00			-17.05		-64.64	7.31	
08/31/23	97140	Manual therapy 1/> regions	GP	82.00			-15.70		-59.57	6.73	
08/31/23	97530	Therapeutic activities	GP	112.00			-21.48		-81.31	9.21	
09/11/23	97032	Electrical stimulation	GP	44.00	-30.00		-8.35		-32.07	-26.42	

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

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

SADAF B. ADIL
1400 EL CAMINO VILLAGE DR
APT 502
HOUSTON, TX 77058-3055
(832)722-6525

Statement Date	Invoice Number	Page
02/10/2025	CLS ADISA000	2
Guarantor	Due Date	Payment Due
SADAF B. ADIL	Upon Receipt	69.63

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09/11/23	97110	Therapeutic exercises	GP	89.00	-17.05	-64.64	7.31
09/11/23	97140	Manual therapy 1/> regions	GP	82.00	-15.70	-59.57	6.73
09/11/23	97530	Therapeutic activities	GP	112.00	-21.48	-81.31	9.21

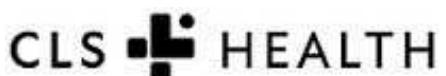
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69.63



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281-694-5986

CAROLYN E. ADKINS
2300 REPSDORPH RD APT 4105
SEABROOK, TX 77586-6138

(512)659-6694

Statement Date	Invoice Number	Page
02/10/2025	CLS ADKCA000	1
Guarantor	Due Date	Payment Due
CAROLYN E.	Upon Receipt	10.74

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Date of Last Payment: 5/21/2024	Amount of Last Payment: -115.66
---------------------------------	---------------------------------

Patient: CAROLYN E. ADKINS	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ADKCA000	Place of Service: CLS HEALTH	Date of Birth: 06/19/1938
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	WELLMED	Adjustments		Remainder
				Charge	Applied to					
12/08/22	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-30.00		-187.73		-375.27	-30.00
12/08/22	51702	Insert temp bladder cath			197.00			-35.62		-131.38
01/05/23	99215	OFFICE VISIT EST/LEVEL 5	25	540.00	-20.00		-184.42		-355.58	-20.00
01/05/23	51702	Insert temp bladder cath			187.00			-43.75		-123.25
										20.00

Patient: CAROLYN E. ADKINS	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ADKCA000	Place of Service: 	Date of Birth: 06/19/1938
--------------------------------------	---	----------------------------------	------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	MEDICARE	Adjustments		Remainder
				Charge	Applied to					
07/08/23	G0180	Home Health Certification / Plan of Care		157.00			-42.11		-104.15	10.74

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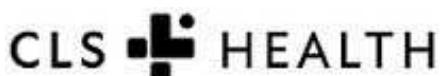
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Amount Due

10.74



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LAURA ADKINS
3717 WILSHIRE DR
ALVIN, TX 77511-5013

(443)286-4831

Statement Date	Invoice Number	Page
02/10/2025	CLS ADKLA000	1
Guarantor	Due Date	Payment Due
LAURA ADKINS	Upon Receipt	126.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LAURA ADKINS	ZULFIQAR CHEEMA MD	ADKLA000	CLEAR LAKE	04/28/1975			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
07/10/23	99254	HOSPITAL CONSULT, LEVEL 4	377.00		0.00	-251.00	126.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ADKSH000	1
Guarantor	Due Date	Payment Due
SHERRY Y.	Upon Receipt	400.00

SHERRY Y. ADKINS
2211 34TH ST N APT 1310
TEXAS CITY, TX 77590-6582

(561)801-1653

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Date of Last Payment: 12/26/2024			Amount of Last Payment: -4.91								
Patient: SHERRY Y. ADKINS		Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ADKSH000	Place of Service: CLS HEALTH		Date of Birth: 10/06/1965					
Dates	Procedure	Description	Modifier Charge	Paid By Modifier	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Paid by TMHP	Adjustments	Reminder	
04/18/22	99999	NO SHOW	25.00			0.00	0.00	0		25.00	
03/13/23	99991	NO SHOW	150.00			0.00	0.00	0		150.00	
10/23/23	99991	NO SHOW	150.00			0.00	0.00	0		150.00	
Patient: SHERRY Y. ADKINS			Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ADKSH000	Place of Service: CLS HEALTH		Date of Birth: 10/06/1965				
Dates	Procedure	Description	Modifier Charge	Paid By Modifier	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Paid by TMHP	Adjustments	Reminder	
08/09/23	99999	NO SHOW	25.00			0.00	0.00	0		25.00	
Patient: SHERRY Y. ADKINS			Rendering Physician: LORRIE F. POOL APRN	Chart Number: ADKSH000	Place of Service: CLS HEALTH		Date of Birth: 10/06/1965				
Dates	Procedure	Description	Modifier Charge	Paid By Modifier	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Paid by TMHP	Adjustments	Reminder	
02/14/24	99999	NO SHOW	25.00			0.00	0.00	0		25.00	
Patient: SHERRY Y. ADKINS			Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ADKSH000	Place of Service: CLS HEALTH		Date of Birth: 10/06/1965				
Dates	Procedure	Description	Modifier Charge	Paid By Modifier	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Paid by TMHP	Adjustments	Reminder	
05/01/24	99999	NO SHOW	25.00			0.00	0.00	0		25.00	

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400.00



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WILLARD G. ADKINS
1309 BUTTONWOOD DR
FRIENDSWOOD, TX 77546-5270

(281)468-6181

Statement Date	Invoice Number	Page
02/10/2025	CLS ADKWI000	1
Guarantor	Due Date	Payment Due
WILLARD G.	Upon Receipt	372.48

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Date of Last Payment: 9/6/2023			Amount of Last Payment: -2.21				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
WILLARD G. ADKINS		ROHIT R. DHIR MD	ADKWI000	CLS HEALTH	08/06/1956		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE		
					Adjustments Remainder		
06/29/21	99214	OFFICE VISIT EST/LEVEL 4	309.00	-50.00	-56.43	-202.57	50.00
07/06/21	52281	Cystoscopy and treatment	470.00	-454.24	-5.70	-10.06	454.24
07/06/21	81003	Urinalysis auto w/o scope	QW 7.00	-0.33	-1.34	-5.33	0.33
07/19/21	52000	Cystoscopy	52 743.00	-157.06	-57.24 -228.96	-484.61	-127.63
07/19/21	81003	Urinalysis auto w/o scope	QW 7.00		-2.15	-9.31	-4.46

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Amount Due

372.48



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CATHY L. ADLERZ
4354 STAGHORN LN
FRIENDSWOOD, TX 77546-3682

(832)250-8789

Statement Date	Invoice Number	Page
02/10/2025	CLS ADLCA000	1
Guarantor	Due Date	Payment Due
CATHY L. ADLERZ	Upon Receipt	134.00

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Date of Last Payment: 11/22/2024					Amount of Last Payment: -6.81		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CATHY L. ADLERZ	MOHAMED A. KHALIL MD	ADLCA000	CLS HEALTH	01/15/1958			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments Remainder
04/13/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-31.00	-31.00 -107.66	-296.34 -31.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CATHY L. ADLERZ	RAZI M. RASHID MD	ADLCA000	CLS HEALTH	01/15/1958			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments Remainder
05/10/22	95930	Visual ep test cns w/i&r		207.00		-36.03	-137.97 33.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CATHY L. ADLERZ	RAZI M. RASHID MD	ADLCA000	CLS HEALTH	01/15/1958			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments Remainder
05/04/22	95819	Eeg awake and asleep		1,421.0		-440.63	-947.37 33.00
10/03/22	95819	Eeg awake and asleep		1,421.0		-440.63	-947.37 33.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CATHY L. ADLERZ	FATHI BENRAOUANE MD	ADLCA000	CLS HEALTH	01/15/1958			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments Remainder
08/30/22	93925	Lower extremity study		778.00		-174.35	-570.65 33.00

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CATHY L. ADLERZ
4354 STAGHORN LN
FRIENDSWOOD, TX 77546-3682

(832)250-8789

Statement Date	Invoice Number	Page
02/10/2025	CLS ADLCA000	2
Guarantor	Due Date	Payment Due
CATHY L. ADLERZ	Upon Receipt	134.00

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Patient: CATHY L. ADLERZ	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ADLCA000	Place of Service: CLS HEALTH	Date of Birth: 01/15/1958
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Dates	Procedure	Description	Paid By			Paid by TRICARE	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
12/29/22	99204	OFFICE VIST NEW LEVEL 4	25	503.00		-105.95	-364.05	33.00

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Amount Due

134.00



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ELIZABETH AGA
4839 PIARES LN
LEAGUE CITY, TX 77573-3052

(832)984-1258

Statement Date	Invoice Number	Page
02/10/2025	CLS AGAEL000	1
Guarantor	Due Date	Payment Due
ELIZABETH AGA	Upon Receipt	19.59

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Date of Last Payment: 4/4/2024	Amount of Last Payment: -125.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ELIZABETH AGA	ABDELNASER ELKHALILI MD	AGAEL000	CLS HEALTH	05/26/1980

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder	
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE	CASH	Adjustments	Reminder
04/08/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-59.83	-44.62	-66.94	-452.44	-15.21
04/08/21	G8484	Flu immunize no admin		0.01			0.00		0.01
07/09/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-59.83	-44.62	-66.94	-452.44	-15.21

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ELIZABETH AGA	ABDELNASER ELKHALILI MD	AGAEL000	CLS HEALTH	05/26/1980

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder
03/28/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-100.00	0.00	-415.00	25.00
11/27/23	99999	NO SHOW		25.00		0.00		25.00

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19.59



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BETTY J. AGEE
105 STONESTHROW AVE APT 707
FRIENDSWOOD, TX 77546-4576

(346)342-8967

Statement Date	Invoice Number	Page
02/10/2025	CLS AGEBE000	1
Guarantor	Due Date	Payment Due
BETTY J. AGEE	Upon Receipt	74.05

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Date of Last Payment: 7/20/2024		Amount of Last Payment: -17.20					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
BETTY J. AGEE	JIRIES S. DAHU MD	AGEBE000	MEMORIAL	11/16/1948			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	HUMANA	Adjustments	Remainder
06/04/21	99217	OBSERVATION DISCHARGE	222.00	-74.05	0.00	-147.95	74.05

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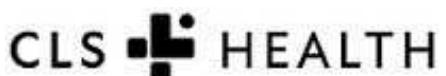
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Amount Due

74.05



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281-694-5986

JANET K. AGEE
4302 S COOK CIR
LEAGUE CITY, TX 77573-4741

(281)352-3103

Statement Date	Invoice Number	Page
02/10/2025	CLS AGEJA000	1
Guarantor	Due Date	Payment Due
JANET K. AGEE	Upon Receipt	35.00

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Date of Last Payment: 2/9/2023

Amount of Last Payment: -14.55

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:							
JANET K. AGEE	VICTORIA R. ANGELLE RD	AGEJA000	CLS HEALTH	09/09/1959							
Dates	Procedure	Description	Paid By	Applied to	Paid by	Modifer	Charge	Patient Deductible	UNITED	Adjustments	Remainder
01/03/23	97802	MEDICAL NUTRITION INDIV IN	345.00	-25.00	-14.55					-270.45	35.00

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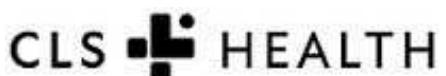
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Amount Due

35.00



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LEVI A. AGEE
2527 SARATOGA DR
LEAGUE CITY, TX 77573-6327

(281)387-0674

Statement Date	Invoice Number	Page
02/10/2025	CLS AGELE000	1
Guarantor	Due Date	Payment Due
LEVI A. AGEE	Upon Receipt	18.76

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Date of Last Payment: 4/11/2024		Amount of Last Payment: -75.08						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
LEVI A. AGEE	JIHAD M. HARMOUCHE MD	AGELE000	CLEAR LAKE	01/15/2024				
Paid By Applied to								
Dates	Procedure	Description	Modifier Charge	Patient Deductible	Paid by	Adjustments	Remainder	
01/17/24	54150	Circumcision w/regionl block	292.00		-75.08		-198.16	18.76

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Amount Due

18.76



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281-694-5986

AASHIR AGGARWAL
1750 SKY LARK LN UNIT 2803
HOUSTON, TX 77056-3746

(281)725-1025

Statement Date	Invoice Number	Page
02/10/2025	CLS AGGAA000	1
Guarantor	Due Date	Payment Due
AASHIR	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
AASHIR AGGARWAL	ROHIT R. DHIR MD	AGGAA000	CLS HEALTH	10/03/1991			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by HUMANA	Adjustments	Remainder
01/26/21	99992	NO SHOW	50.00		0.00		50.00

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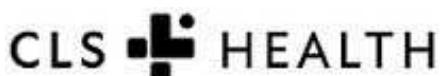
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Amount Due

50.00



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JULIA Z. AGIRRE
5107 FRENCH CREEK DR
HOUSTON, TX 77017-6102

(713)910-9696

Statement Date	Invoice Number	Page
02/10/2025	CLS AGIJU000	1
Guarantor	Due Date	Payment Due
JULIA Z. AGIRRE	Upon Receipt	292.17

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Date of Last Payment:	Amount of Last Payment:
Patient: JULIA Z. AGIRRE	Rendering Physician: SHAFRAZ MOHAMMED MD Chart Number: AGIJU000 Place of Service: HOUSTON Date of Birth: 01/29/1960

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Remainder
05/25/21	99220	Observation, Initial - High Severity		559.00		0.00	-372.69	186.31
05/26/21	99226	Subsequent observation care		318.00		0.00	-212.14	105.86

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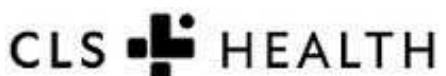
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292.17



PO BOX 58538
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281-694-5986

TONY AGIRRE
5107 FRENCH CREEK DR
HOUSTON, TX 77017-6102

(713)894-1309

Statement Date	Invoice Number	Page
02/10/2025	CLS AGITO000	1
Guarantor	Due Date	Payment Due
TONY AGIRRE	Upon Receipt	35.00

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Date of Last Payment: 11/10/2021

Amount of Last Payment: -74.05

Patient: TONY AGIRRE	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AGITO000	Place of Service: UTMB	Date of Birth: 11/13/1956
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
10/04/21	99215	OFFICE VISIT EST/LEVEL 5		455.00	-116.59		-303.41	35.00

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281-694-5986

DAN S. AGNEW
138 LAGO CIRCLE DR N
SANTA FE, TX 77517-3773

(281)269-7253

Statement Date	Invoice Number	Page
02/10/2025	CLS AGNDA000	1
Guarantor	Due Date	Payment Due
DAN S. AGNEW	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAN S. AGNEW	ABDELNASER ELKHALILI MD	AGNDA000	CLS HEALTH	04/09/1954
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/22/21	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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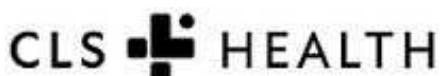
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Amount Due

25.00



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281-694-5986

AARON AGUIRRE
16647 LAURELWOOD DR
CHANNELVIEW, TX 77530-3036

(281)669-6133

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAA000	1
Guarantor	Due Date	Payment Due
AARON AGUIRRE	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AARON AGUIRRE	ROHIT R. DHIR MD	AGUAA000	CLS HEALTH	03/21/1977
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/18/21	99992	NO SHOW	50.00	0.00
				Adjustments Remainder 50.00

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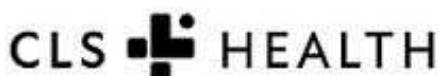
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ADAN AGUIRRE
9013 SPRUCE ST
HITCHCOCK, TX 77563-1023

(409)927-9564

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAD001	1
Guarantor	Due Date	Payment Due
ADAN AGUIRRE	Upon Receipt	302.69

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Date of Last Payment:	Amount of Last Payment:
Patient: ADAN AGUIRRE	Rendering Physician: KAREEM GADELMOLA MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
03/20/24	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-191.99	0.00	-303.01	191.99
03/21/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00	-110.70	0.00	-246.30	110.70

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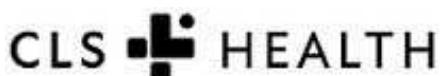
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302.69



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ANTHONY AGUILAR
1707 MARGUERITE LN
PASADENA, TX 77502-2929

(832)207-5650

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAN000	1
Guarantor	Due Date	Payment Due
ANTHONY	Upon Receipt	324.44

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Date of Last Payment: 3/25/2021			Amount of Last Payment: 0.00		
Patient: ANTHONY AGUILAR	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AGUAN000	Place of Service: UTMB	Date of Birth: 07/18/1968	

Dates	Procedure	Description	Paid By		Paid by CIGNA	Adjustments		Remainder
			Modifier	Charge				
02/03/21	99219	Observation, Initial - Moderate Severity		413.00	-111.74	0.00	-301.26	111.74

Patient: ANTHONY AGUILAR			Rendering Physician: REMY TEQWIMUAH MD	Chart Number: AGUAN000	Place of Service: UTMB	Date of Birth: 07/18/1968		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder

Dates	Procedure	Description	Paid By		Paid by CIGNA	Adjustments		Remainder
			Modifier	Charge				
02/03/21	99220	Observation, Initial - High Severity		559.00	-152.78	0.00	-406.22	152.78
02/04/21	99217	OBSERVATION DISCHARGE		222.00	-59.92	0.00	-162.08	59.92

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324.44



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281-694-5986

ANA Y. AGUILAR
503 EL DORADO BLVD APT 1603
WEBSTER, TX 77598-2266

(713)857-8294

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAN002	1
Guarantor	Due Date	Payment Due
ANA Y. AGUILAR	Upon Receipt	652.84

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Date of Last Payment:	12/16/2023	Amount of Last Payment:	0.00
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Patient: ANA Y. AGUILAR	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AGUAN002	Place of Service: CLS HEALTH	Date of Birth: 02/24/1998
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Dates	Procedure	Description	Modifier	Charge	Paid By CIGNA	Applied to Patient Deductible	Paid by TEXAS	Adjustments	Reminder
08/24/22	76801	OB US < 14 WKS SINGLE FETUS	TC	227.00	-3.88		-53.86	-183.12	-13.86
08/25/22	76801	OB US < 14 WKS SINGLE FETUS	26	148.00	0.00		-37.42	-117.82	-7.24

Patient: ANA Y. AGUILAR	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AGUAN002	Place of Service: CLS HEALTH	Date of Birth: 02/24/1998
-----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By CIGNA	Applied to Patient Deductible	Paid by TEXAS	Adjustments	Reminder
11/08/22	99211	OFFICE VISIT - NEW PATIENT -	25	110.00	0.00		-10.00	100.00	
11/08/22	96365	Ther/proph/diag iv inf init		213.00	0.00		-141.94	71.06	
11/08/22	J7030	Normal saline solution infus		8.00	0.00		-5.33	2.67	
11/08/22	96366	THER/PROPH/DIAG IV INF ADDON		66.00	0.00		-43.95	22.05	
11/08/22	96367	Tx/proph/dg addl seq ivinf		95.00	0.00		-63.38	31.62	
11/08/22	J2550	Promethazine hcl injection		7.00	0.00		-4.07	2.93	

Patient: ANA Y. AGUILAR	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AGUAN002	Place of Service: CLS HEALTH	Date of Birth: 02/24/1998
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Dates	Procedure	Description	Modifier	Charge	Paid By CIGNA	Applied to Patient Deductible	Paid by TEXAS	Adjustments	Reminder
08/10/22	99214	OFFICE VISIT EST/LEVEL 4		385.00	-88.07	0.00	-296.93	88.07	
08/24/22	99214	OFFICE VISIT EST/LEVEL 4		385.00	-88.07	0.00	-296.93	88.07	
09/07/22	99214	OFFICE VISIT EST/LEVEL 4		385.00	-88.07	0.00	-296.93	88.07	
09/07/22	81003	Urinalysis auto w/o scope	QW	7.00	0.00		-5.37	1.63	
09/21/22	99214	OFFICE VISIT EST/LEVEL 4		385.00	-88.07	0.00	-296.93	88.07	

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ANA Y. AGUILAR
503 EL DORADO BLVD APT 1603
WEBSTER, TX 77598-2266

(713)857-8294

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAN002	2
Guarantor	Due Date	Payment Due
ANA Y. AGUILAR	Upon Receipt	652.84

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09/21/22	81003	Urinalysis auto w/o scope	QW	7.00		0.00	-5.37	1.63
10/04/22	99214	OFFICE VISIT EST/LEVEL 4		385.00		-88.07	0.00	-296.93 88.07

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Amount Due

652.84



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ARNOLD AGUILAR
9403 STONERIDGE CANYON LN
HOUSTON, TX 77089-2381

(832)508-5466

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAR000	1
Guarantor	Due Date	Payment Due
ARNOLD	Upon Receipt	140.95

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Date of Last Payment: 7/9/2021

Amount of Last Payment: 0.00

Patient: ARNOLD AGUILAR	Rendering Physician: REGINA PILLAI MD	Chart Number: AGUAR000	Place of Service: CLS HEALTH	Date of Birth: 04/16/1965
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/31/21	94060	Evaluation of wheezing		145.00	-52.97	0.00	-92.03	52.97
03/31/21	94726	Pulm funct tst plethysmograp		171.00	-47.93	0.00	-123.07	47.93
03/31/21	94729	Co/membrane diffuse capacity		186.00	-49.19	0.00	-136.81	49.19
03/31/21	J7613	Albuterol non-comp unit		2.00	-0.16	0.00	-1.84	0.16

Patient: ARNOLD AGUILAR	Rendering Physician: REGINA R. PILLAI MD	Chart Number: AGUAR000	Place of Service: CLS HEALTH	Date of Birth: 04/16/1965
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/31/21	71046	X-rayexam chest 2 views	59	105.00	-35.12	-25.82	0.00	-79.18 -9.30

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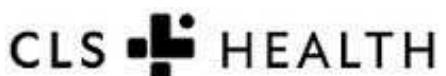
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Amount Due

140.95



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ARACELI AGUILERA
1533 3RD AVE N
TEXAS CITY, TX 77590-7327

(409)888-0004

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUAR001	1
Guarantor	Due Date	Payment Due
ARACELI	Upon Receipt	50.00

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Date of Last Payment: 1/16/2024		Amount of Last Payment: -100.79				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ARACELI AGUILERA		ZEID F. KARADSHEH MD	AGUAR001	CLS HEALTH	03/18/1953	
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by WELCARE	Paid by TMHP
12/07/23	99203	OFFICE VIST NEW LEVEL 3		339.00	-64.50	0.00
				Adjustments		Remainder
						50.00

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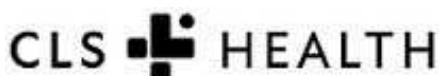
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Amount Due

50.00



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BENITO G. AGUILERA
17304 MCDONALD RD
ALVIN, TX 77511-8436

(409)256-6181

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUBE000	1
Guarantor	Due Date	Payment Due
BENITO G.	Upon Receipt	100.00

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Webster, TX 77598

Date of Last Payment: 12/11/2024

Amount of Last Payment: -25.00

Patient: BENITO G. AGUILERA	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AGUBE000	Place of Service: CLS HEALTH	Date of Birth: 03/09/1953
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/20/23	99992	NO SHOW		50.00		0.00	50.00
07/24/23	99992	NO SHOW		50.00		0.00	50.00

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Amount Due

100.00



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CARLOS H. AGUILAR CANIZALES
6780 ROAD 5509
CLEVELAND, TX 77327-5391

(832)294-8323

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUCA001	1
Guarantor	Due Date	Payment Due
CARLOS H.	Upon Receipt	51.96

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Date of Last Payment: 3/4/2024	Amount of Last Payment: -93.59
--------------------------------	--------------------------------

Patient: CARLOS H. AGUILAR	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AGUCA001	Place of Service: CLS HEALTH	Date of Birth: 03/13/1977
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Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	Ambetter		
11/13/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-30.00	-171.77		-331.23 -30.00
12/18/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-30.00	-93.05		-178.95 -30.00

Patient: CARLOS H. AGUILAR	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AGUCA001	Place of Service: BAY AREA	Date of Birth: 03/13/1977
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Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	Ambetter		
12/01/23	45385	Colonoscopy w/lesion removal		761.00	-100.00	-118.37		-524.26 18.37
12/01/23	45380	Colonoscopy and biopsy	59	602.00		-93.59		-414.82 93.59

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51.96



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CRISELDA C. AGUILAR
19249 COUNTY ROAD 927A
ALVIN, TX 77511-1133

(713)614-4023

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUCR000	1
Guarantor	Due Date	Payment Due
CRISELDA C.	Upon Receipt	35.92

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Webster, TX 77598

Date of Last Payment:	5/30/2024	Amount of Last Payment:	-314.34
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Patient: CRISELDA C. AGUILAR	Rendering Physician: RUDY LOZANO CARREON MD	Chart Number: AGUCR000	Place of Service: CLS HEALTH	Date of Birth: 06/24/1968
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
05/07/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-42.65	-178.34	-446.08	1.93

Patient: CRISELDA C. AGUILAR	Rendering Physician: RUDY LOZANO CARREON MD	Chart Number: AGUCR000	Place of Service: CLS HEALTH	Date of Birth: 06/24/1968
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
05/07/24	G0483	Drug test def 22+ classes		741.00		-108.65	-605.19	27.16
05/07/24	80307	Drug test prsmv chem analyzr		186.00		-27.35	-151.82	6.83

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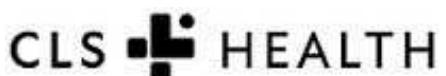
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Amount Due

35.92



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CYNTHIA M. AGUILERA
3201 AVENUE F
DICKINSON, TX 77539-4903

(832)593-2982

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA M.	Upon Receipt	67.75

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Date of Last Payment: 1/26/2023			Amount of Last Payment: -609.72		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CYNTHIA M. AGUILERA		MAAMOUN A. HARMOUCH	AGUCY000	HOUSTON	12/13/1995
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA
12/20/22	47562	Laparoscopic cholecystectomy	2,079.0	-609.72	-1,401.53 67.75

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67.75



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DAVID AGUILAR
1015 KANSAS ST TRLR 4
SOUTH HOUSTON, TX 77587-3130

(713)922-9387

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUDA000	1
Guarantor	Due Date	Payment Due
DAVID AGUILAR	Upon Receipt	88.19

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Date of Last Payment: 4/25/2024				Amount of Last Payment: -23.34				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:
DAVID AGUILAR		Maha Al-lahiq MD		AGUDA000		UTMB		03/25/1968
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
06/20/21	99225	Subsequent observation care		221.00	-17.91	-53.74	-149.35	17.91
Patient:				Chart Number:				Date of Birth:
DAVID AGUILAR		REMY TEQWIMUAH MD		AGUDA000		UTMB		03/25/1968
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
06/21/21	99217	OBSERVATION DISCHARGE		222.00	-18.81	-56.46	-146.73	18.81
Patient:				Chart Number:				Date of Birth:
DAVID AGUILAR		EMRAN ABU ATERAH MD		AGUDA000		UTMB		03/25/1968
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
06/19/21	99220	Observation, Initial - High Severity		559.00	-45.47	-136.43	-377.10	45.47
Patient:				Chart Number:				Date of Birth:
DAVID AGUILAR		JACK A. SASIENE DPM		AGUDA000		CLS HEALTH		03/25/1968
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
02/21/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-70.00	-29.96	-282.04	5.00
03/13/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-74.00	-29.96	-282.04	1.00

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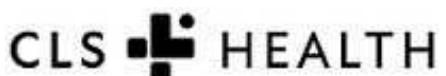
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Amount Due

88.19



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281-694-5986

DAVID AGUILAR
PO BOX 16001
GALVESTON, TX 77552-6001

(409)354-3574

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUDA001	1
Guarantor	Due Date	Payment Due
DAVID AGUILAR	Upon Receipt	317.58

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DAVID AGUILAR		AGUDA001	UTMB	01/13/1959	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP
10/01/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00		0.00
10/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00		0.00
10/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00		0.00
			Adjustments		Remainder
				-212.14	105.86
				-212.14	105.86
				-212.14	105.86

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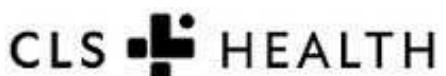
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Amount Due

317.58



PO BOX 58538
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281-694-5986

DAISY AGUILAR
8814 WOODRUFF ST
HOUSTON, TX 77012-3452

(832)877-6467

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUDA002	1
Guarantor	Due Date	Payment Due
DAISY AGUILAR	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment: 7/19/2023			Amount of Last Payment: -27.57				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
DAISY AGUILAR	TAREK M. HUSSEIN DPT	AGUDA002	CLS HEALTH	11/12/1989			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
05/19/23	99999	NO SHOW	25.00		0.00		25.00
06/19/23	99999	NO SHOW		25.00	0.00		25.00

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DIANA AGUILAR
10603 SOUTHDOWN TRACE TRL
APT 230
HOUSTON, TX 77034-2377
(832)837-3233

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUDI000	1
Guarantor	Due Date	Payment Due
DIANA AGUILAR	Upon Receipt	227.22

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Date of Last Payment: 12/10/2024	Amount of Last Payment: -48.92
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Patient: DIANA AGUILAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUDI000	Place of Service: CLS HEALTH	Date of Birth: 01/06/1967
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITEDHE	Adjustments	Remainder	
02/23/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-175.00	-127.40	0.00	-379.60	-47.60

Patient: DIANA AGUILAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUDI000	Place of Service: CLS HEALTH	Date of Birth: 01/06/1967
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITEDHE	Adjustments	Remainder
02/23/24	80307	Drug test prsmv chem analyzer		186.00		0.00	-152.48	33.52
02/23/24	G0483	Drug test def 22+ classes		741.00		-48.92	-650.60	41.48

Patient: DIANA AGUILAR	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: AGUDI000	Place of Service: CLS HEALTH	Date of Birth: 01/06/1967
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITEDHE	Adjustments	Remainder	
03/22/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-70.21	0.00	-316.79	-64.53
05/02/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-82.60	0.00	-304.40	-52.14
06/03/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.75	-82.60	0.00	-304.40	-52.15
07/03/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-82.60	0.00	-304.40	-52.14
08/02/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-82.60	0.00	-304.40	-52.14

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DIANA AGUILAR
10603 SOUTHDOWN TRACE TRL
APT 230
HOUSTON, TX 77034-2377
(832)837-3233

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUDI000	2
Guarantor	Due Date	Payment Due
DIANA AGUILAR	Upon Receipt	227.22

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Patient: DIANA AGUILAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUDI000	Place of Service: CLS HEALTH	Date of Birth: 01/06/1967
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITEDHE	Adjustments	Reminder
03/22/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-152.48	33.52
03/22/24	G0483	Drug test def 22+ classes		741.00		-48.92	-650.60	41.48
05/02/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-152.48	33.52
05/02/24	G0483	Drug test def 22+ classes		741.00		-48.92	-650.60	41.48
06/03/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-152.48	33.52
06/03/24	G0483	Drug test def 22+ classes		741.00		-48.92	-650.60	41.48
07/03/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-152.48	33.52
07/03/24	G0483	Drug test def 22+ classes		741.00		-48.92	-650.60	41.48
08/02/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-152.48	33.52
08/03/24	G0483	Drug test def 22+ classes		741.00		-15.40	-650.60	75.00

Patient: DIANA AGUILAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUDI000	Place of Service: CLS HEALTH	Date of Birth: 01/06/1967
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITEDHE	Adjustments	Reminder
04/04/24	72170	X-rayexam of pelvis		84.00	-28.38	-25.20	0.00	-58.80 -3.18

Patient: DIANA AGUILAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUDI000	Place of Service: CLS HEALTH	Date of Birth: 01/06/1967
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by UNITEDHE	Adjustments	Reminder
11/05/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-159.90	26.10
11/05/24	G0483	Drug test def 22+ classes		741.00		-48.92	-650.60	41.48

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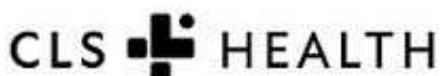
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Amount Due

227.22



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Statement Date	Invoice Number	Page
02/10/2025	CLS AGUED000	1
Guarantor	Due Date	Payment Due
EDGARDO	Upon Receipt	25.00

EDGARDO AGUILAR

2711 PIRATES GOLD CIR
FRIENDSWOOD, TX 77546-7418
(832)818-6490

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
EDGARDO AGUILAR	ABDELNASER ELKHALILI MD	AGUED000	CLS HEALTH	10/26/1950			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments	Remainder
04/20/21	99999	NO SHOW	25.00		0.00		25.00

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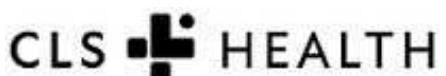
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Amount Due

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281-694-5986

EDILIA AGUILLO
9127 BLUE CRAB DR
TEXAS CITY, TX 77591-9231

(713)898-7106

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUED001	1
Guarantor	Due Date	Payment Due
EDILIA AGUILLO	Upon Receipt	311.07

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Date of Last Payment:	Amount of Last Payment:
Patient: EDILIA AGUILLO	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/23/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85
07/24/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-216.08

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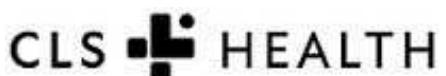
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Amount Due

311.07



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281-694-5986

ELLEN L. AGUILAR
2711 PIRATES GOLD CIR
FRIENDSWOOD, TX 77546-7418

(281)799-3081

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEL000	1
Guarantor	Due Date	Payment Due
ELLEN L.	Upon Receipt	24.39

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Date of Last Payment: 10/21/2024				Amount of Last Payment: -39.65		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ELLEN L. AGUILAR	ABDELNASER ELKHALILI MD	AGUEL000	CLS HEALTH	03/24/1950		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				MEDICARE	TRICARE	
03/19/24	99999	NO SHOW		25.00		0.00
						25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ELLEN L. AGUILAR	TAREK M. HUSSEIN DPT	AGUEL000	CLS HEALTH	03/24/1950		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				MEDICARE	TRICARE	
10/03/22	97032	Electrical stimulation	GP	46.00		-11.99
						-3.06
						-31.56
						-0.61

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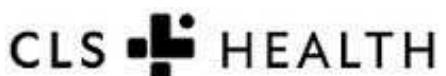
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Amount Due

24.39



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ELIDA AGUIRRE
7510 THUROW ST
HOUSTON, TX 77087-3725

(832)792-2568

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEL001	1
Guarantor	Due Date	Payment Due
ELIDA AGUIRRE	Upon Receipt	27.40

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Date of Last Payment:	8/30/2023	Amount of Last Payment:	-3.77
Patient: ELIDA AGUIRRE	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: AGUEL001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELCARE		
05/04/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-32.00	-202.62	-441.38	-12.00
05/12/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-20.60	-71.59	-180.41	-0.60
06/19/23	99211	OFFICE VISIT - NEW PATIENT -		110.00		-3.77	-86.23	20.00
07/05/23	99211	OFFICE VISIT - NEW PATIENT -		110.00		-3.77	-86.23	20.00

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ENCARNACION AGUILAR
6237 ALMEDA RD
HOUSTON, TX 77021-1003

(832)576-0095

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEN000	1
Guarantor	Due Date	Payment Due
ENCARNACION	Upon Receipt	442.77

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Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient: ENCARNACION AGUILAR	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AGUEN000	Place of Service: UTMB	Date of Birth: 09/08/1979

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/07/21	99220	Observation, Initial - High Severity		559.00		0.00	-372.67 186.33

Patient: ENCARNACION AGUILAR		Rendering Physician: REMY TEQWIMUAH MD	Chart Number: AGUEN000	Place of Service: UTMB	Date of Birth: 09/08/1979		
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/08/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34 73.66
01/09/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34 73.66
01/10/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-217.88 109.12

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ERNESTO AGUILAR
11406 QUINCEWOOD DR
HOUSTON, TX 77089-5337

(281)235-0230

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUER001	1
Guarantor	Due Date	Payment Due
ERNESTO	Upon Receipt	29.56

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Date of Last Payment:	7/31/2024	Amount of Last Payment:	0.00
Patient: ERNESTO AGUILAR	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: AGUER001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
06/08/22	95810	Polysom 6/> yrs 4/> param	26	371.00	-24.76	-40.00	-68.78		-262.22	15.24
06/15/22	95811	Polysom 6/> yrs cpap 4/> parm	26	385.00	-25.68		-72.88		-272.12	14.32

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EVER AGUILERA
1770 SEASPRAY CT
HOSUTON, TX 77008-3114

(832)888-8137

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEV000	1
Guarantor	Due Date	Payment Due
EVER AGUILERA	Upon Receipt	731.29

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Date of Last Payment: 11/29/2024	Amount of Last Payment: 0.00
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Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1978
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Dates	Procedure	Description	Modifier	Charge	Paid By		Patient Deductible	Applied to	Paid by BLUE	Adjustments		Remainder
					By	Applied to				By	By	
11/22/21	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-50.69	-40.17	-93.73			-240.10	-10.52	
12/06/21	A4248	CHLORHEXIDINE ANTISEPT	59	1.00		-1.00	0.00				1.00	
12/20/21	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-22.89		-58.28			-316.74	2.09	
01/13/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-76.31	-75.00	-4.96			-316.74	1.99	
02/10/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-76.31		-49.96			-316.74	-43.01	
04/07/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-30.52		-49.96			-316.74	2.78	
05/12/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-30.52		-49.96			-316.74	2.78	
06/09/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-34.33		-49.96			-316.74	-1.03	
06/10/22	64493	Inj paravert f jnt l/s 1 lev	RT	556.00	-152.18		-108.37			-401.19	-105.74	
06/10/22	64494	Inj paravert f jnt l/s 2 lev	RT	287.00		-54.96				-208.49	23.55	
06/10/22	64495	Inj paravert f jnt l/s 3 lev	RT	286.00		-54.96				-207.49	23.55	
07/01/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-30.52		-49.96			-316.74	2.78	
08/12/22	64483	Inj foramen epidural l/s	RT	793.00	-377.40	-213.55	0.00			-579.45	-163.85	
08/12/22	64484	Inj foramen epidural add-on	RT	359.00		-92.52	0.00			-266.48	92.52	
08/12/22	S0020	Injection, bupivacaine hydro		9.00			0.00			-7.78	1.22	
08/12/22	J1100	Dexamethasone sodium phos	59	10.00			0.00			-8.44	1.56	
08/12/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00			0.00			-2.01	0.99	

Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: Pain	Date of Birth: 05/13/1978
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Dates	Procedure	Description	Modifier	Charge	Paid By		Patient Deductible	Applied to	Paid by BLUE	Adjustments		Remainder
					By	Applied to				By	By	
01/13/22	80307	Drug test prsmv chem anlyzr		186.00				-24.89		-150.44	10.67	

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EVER AGUILERA
1770 SEASPRAY CT
HOSUTON, TX 77008-3114

(832)888-8137

Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
EVER AGUILERA	Upon Receipt	731.29

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01/13/22	G0483	Drug test def 22+ classes	741.00	-95.07	-605.19	40.74
02/10/22	80307	Drug test prsmv chem analyzr	186.00	-24.89	-150.44	10.67
02/10/22	G0483	Drug test def 22+ classes	741.00	-95.07	-605.19	40.74
03/10/22	G0483	Drug test def 22+ classes	741.00	-95.07	-605.19	40.74
03/10/22	80307	Drug test prsmv chem analyzr	186.00	-24.89	-150.44	10.67
07/01/22	80307	Drug test prsmv chem analyzr	186.00	-24.89	-150.44	10.67
07/01/22	G0483	Drug test def 22+ classes	741.00	-95.07	-605.19	40.74
06/09/22	80307	Drug test prsmv chem analyzr	186.00	-24.89	-150.44	10.67
06/09/22	G0483	Drug test def 22+ classes	741.00	-95.07	-605.19	40.74

Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: Pain	Date of Birth: 05/13/1978
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Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
07/29/22	80307	Drug test prsmv chem analyzr		186.00	-35.56	0.00		-150.44	35.56
07/29/22	G0483	Drug test def 22+ classes		741.00	-135.81	0.00		-605.19	135.81
08/30/22	80307	Drug test prsmv chem analyzr		186.00	-35.56	0.00		-150.44	35.56
08/30/22	G0483	Drug test def 22+ classes		741.00	-135.81	0.00		-605.19	135.81

Patient: EVER AGUILERA	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: AGUEV000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1978
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
08/30/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-80.00	-90.46	0.00		-309.54 10.46

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EVER AGUILERA
1770 SEASPRAY CT
HOSUTON, TX 77008-3114

(832)888-8137

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEV000	3
Guarantor	Due Date	Payment Due
EVER AGUILERA	Upon Receipt	731.29

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EVER AGUILERA	MOUSTAFA M. AHMED MD	AGUEV000	CLS HEALTH	05/13/1978

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder	
09/27/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00			CIGNA	-38.07	-311.93	50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EVER AGUILERA	CATHERINE I. AGALA FNP-C	AGUEV000	CLS HEALTH	05/13/1978

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
07/16/24	G8417	Calc bmi abv up param f/u		0.01			BLUE	0.00	0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EVER AGUILERA	MOUSTAFA M. AHMED MD	AGUEV000	CLS HEALTH	05/13/1978

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
07/16/24	80307	Drug test prsmv chem anlyzr		186.00		-34.18	0.00	-151.82	34.18

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EVER AGUILERA	MOUSTAFA M. AHMED MD	AGUEV000	CLS HEALTH	05/13/1978

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/08/24	80307	Drug test prsmv chem anlyzr		186.00		-34.18	0.00	-151.82	34.18
08/08/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81

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EVER AGUILERA
1770 SEASPRAY CT
HOSUTON, TX 77008-3114

(832)888-8137

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEV000	4
Guarantor	Due Date	Payment Due
EVER AGUILERA	Upon Receipt	731.29

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Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1978
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
11/07/24	G8427	Doctrev cur meds by elig clin		0.01		0.00		0.01
11/07/24	G8420	Calc bmi norm parameters		0.01		0.00		0.01

Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1978
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
11/07/24	80307	Drug test prsmv chem analyzr		186.00	-34.18	0.00	-151.82	34.18

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GILBERT L. AGUIRRE
PO BOX 16772
GALVESTON, TX 77552-6772

(409)443-4673

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUGI000	1
Guarantor	Due Date	Payment Due
GILBERT L.	Upon Receipt	359.26

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Date of Last Payment: 4/27/2022	Amount of Last Payment: -670.56
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Patient: GILBERT L. AGUIRRE	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: AGUGI000	Place of Service: UTMB	Date of Birth: 05/24/1945
---------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/09/22	99291	CRITICAL CARE 1ST HOUR		672.00		-175.14	-453.07	43.79
03/12/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64
03/13/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64
03/14/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64
03/18/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64
03/19/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64
03/20/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64

Patient: GILBERT L. AGUIRRE	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: AGUGI000	Place of Service: UTMB	Date of Birth: 05/24/1945
---------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/10/22	31624	Dxbronchoscope/lavage		415.00		-27.12 -108.47	-279.41	27.12
03/10/22	99152	Mod sed same phys/qhp 5>/yrs		39.00	-2.51 -10.02	-26.47 2.51		
03/15/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64 -82.57	-211.79 20.64		
03/16/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64 -82.57	-211.79 20.64		
03/17/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64 -82.57	-211.79 20.64		
03/21/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64 -82.57	-211.79 20.64		
03/22/22	99239	HOSPITAL DISCHARGE, LONG		324.00	-21.27 -85.09	-217.64 21.27		

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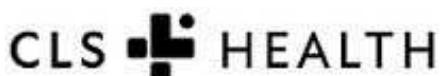
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Statement Date	Invoice Number	Page
02/10/2025	CLS AGUGI000	2
Guarantor	Due Date	Payment Due
GILBERT L.	Upon Receipt	359.26

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Patient: GILBERT L. AGUIRRE	Rendering Physician: ALEJANDRO RESTREPO MD	Chart Number: AGUGI000	Place of Service: UTMB	Date of Birth: 05/24/1945
---------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
03/10/22	99233	HOSPITAL, SUBSEQUENT , HIGH	25	315.00	-20.64	-82.57		-211.79	20.64
03/11/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64	-82.57		-211.79	20.64
03/10/22	36556	Insert non-tunnel cv cath		261.00	-16.89	-67.55		-176.56	16.89

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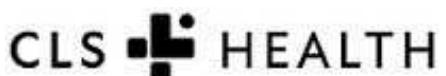
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GUSTAVO E. AGUSTIN LOPEZ
6130 SOUTHWEST FWY APT 328
HOUSTON, TX 77057-7323

(346)760-9519

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUGU000	1
Guarantor	Due Date	Payment Due
GUSTAVO E.	Upon Receipt	1550.03

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Patient: GUSTAVO E. AGUSTIN	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: AGUGU000	Place of Service: UTMB	Date of Birth: 12/09/1993
---------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
11/03/21	99291	CRITICAL CARE 1ST HOUR	25	678.00		0.00	-452.10	225.90
11/03/21	99292	CRITICAL CARE, 30 MIN	25	680.00		0.00	-566.53	113.47
11/03/21	31500	Insert emergency airway		442.00		0.00	-294.62	147.38
11/06/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
11/07/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86

Patient: GUSTAVO E. AGUSTIN	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: AGUGU000	Place of Service: UTMB	Date of Birth: 12/09/1993
---------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
11/03/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-452.10	225.90

Patient: GUSTAVO E. AGUSTIN	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: AGUGU000	Place of Service: UTMB	Date of Birth: 12/09/1993
---------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
11/04/21	99291	CRITICAL CARE 1ST HOUR	25	678.00		0.00	-388.18	289.82
11/04/21	36620	Insertion catheter artery		138.00		0.00	-91.98	46.02
11/05/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82

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HORTENCIA AGUILAR
16031 CLEARMEADOW ST
CHANNELVIEW, TX 77530-2838

(832)282-4209

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUHO000	1
Guarantor	Due Date	Payment Due
HORTENCIA	Upon Receipt	128.06

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Patient: HORTENCIA AGUILAR	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: AGUHO000	Place of Service: HCA

Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
04/02/21	99203	OFFICE VIST NEW LEVEL 3	25	259.00	-40.00	-34.78		-184.22	40.00
04/02/21	20550	Inj tendon sheath/ligament		122.00	-37.47	0.00		-84.53	37.47
04/02/21	J3301	Triamcinolone acet inj nos		8.00	-2.58	0.00		-5.42	2.58
05/14/21	99213	OFFICE VISIT EST/LEVEL 3		209.00	-40.00	-10.08		-158.92	40.00
11/05/21	20550	Inj tendon sheath/ligament		122.00		-29.98		-84.53	7.49
11/05/21	J3301	Triamcinolone acet inj nos		8.00		-2.06		-5.42	0.52

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JAMES O. AGUILARD
PO BOX 32
OBERLIN, LA 70655-0032

(337)329-3290

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJA000	1
Guarantor	Due Date	Payment Due
JAMES O.	Upon Receipt	581.44

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Date of Last Payment:	1/26/2023	Amount of Last Payment:	-50.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JAMES O. AGUILARD	ZULFIQAR CHEEMA MD	AGUJA000	CLEAR LAKE	03/14/1946

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
08/08/22	36223	Place cath carotid/inom art	50	991.00	-40.30	-388.45		-503.45	58.80
08/08/22	36225	Place cath subclavian art	50	985.00		-193.11		-742.63	49.26
08/15/22	35301	Rechanneling of artery	LT	3,477.0		-908.70		-2,336.49	231.81

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JAMES O. AGUILARD	ZULFIQAR CHEEMA MD	AGUJA000	CLS HEALTH	03/14/1946

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
09/02/22	99215	OFFICE VISIT EST/LEVEL 5	24	563.00		-147.18		-378.27	37.55

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JAMES O. AGUILARD	ZULFIQAR CHEEMA MD	AGUJA000	CLEAR LAKE	03/14/1946

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
09/29/22	37215	Transcath stent cca w/eps	RT	3,060.0		-799.75		-2,056.23	204.02

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JAIRO AGUILAR
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Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJA002	1
Guarantor	Due Date	Payment Due
JAIRO AGUILAR	Upon Receipt	634.93

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Date of Last Payment: 4/11/2024			Amount of Last Payment: -36.46		
Patient: JAIRO AGUILAR	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AGUJA002	Place of Service: CLS HEALTH	Date of Birth: 05/28/1975	

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	Ambetter		
07/14/23	46600	Diagnostic anoscopy spx		365.00		-74.72	-240.46	49.82
10/13/23	46600	Diagnostic anoscopy spx		365.00		-68.00	-251.67	45.33

Patient: JAIRO AGUILAR			Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AGUJA002	Place of Service: CLS HEALTH	Date of Birth: 05/28/1975		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments	Reminder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Reminder	
			Modifier	Charge	Patient Deductible	Ambetter		
12/13/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-40.15	-131.60	-253.40	-40.15

Patient: JAIRO AGUILAR			Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AGUJA002	Place of Service: MAINLAND	Date of Birth: 05/28/1975		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments	Reminder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Reminder	
			Modifier	Charge	Patient Deductible	Ambetter		
07/21/23	46020	Placement of seton		356.00		-69.64	-239.93	46.43
07/21/23	11102	Tangntl bx skin single les		114.00		-11.38	-95.03	7.59

Patient: JAIRO AGUILAR			Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AGUJA002	Place of Service: CLS HEALTH	Date of Birth: 05/28/1975		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments	Reminder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Reminder	
			Modifier	Charge	Patient Deductible	Ambetter		
08/24/23	95913	Nrv cndj test 13> studies		862.00	-277.74	-269.59	-567.41	-252.74

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Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJA002	2
Guarantor	Due Date	Payment Due
JAIRO AGUILAR	Upon Receipt	634.93

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Patient: JAIRO AGUILAR	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AGUJA002	Place of Service: CLS HEALTH	Date of Birth: 05/28/1975
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Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
09/13/23	72158	Mri lumbar spine w/o & wdye		1,010.0	-138.10	-176.07		-716.55 -20.72
09/13/23	36415	Routine venipuncture		26.00		0.00		-21.71 4.29
11/16/23	72156	Mri neck spine w/o & wdye		1,012.0	-138.37	-166.04		-735.26 -27.67
11/16/23	36415	Routine venipuncture		26.00		0.00		-21.71 4.29

Patient: JAIRO AGUILAR	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AGUJA002	Place of Service: MAINLAND	Date of Birth: 05/28/1975
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
11/27/23	46255	Remove int/ext hem 1 group		1,091.0		-285.99		-764.86 40.15

Patient: JAIRO AGUILAR	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AGUJA002	Place of Service: MAINLAND	Date of Birth: 05/28/1975
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
01/10/24	46280	Remove anal fist complex	79	1,484.0		-279.98		-1,053.26 150.76

Patient: JAIRO AGUILAR	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AGUJA002	Place of Service: MAINLAND	Date of Birth: 05/28/1975
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible			
11/27/23	46255	Remove int/ext hem 1 group		1,099.0		-323.18	0.00	-775.82 323.18
11/27/23	46020	Placement of seton		361.00		-107.05	0.00	-253.95 107.05

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Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJA002	3
Guarantor	Due Date	Payment Due
JAIRO AGUILAR	Upon Receipt	634.93

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Patient: JAIRO AGUILAR	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AGUJA002	Place of Service: CLS HEALTH	Date of Birth: 05/28/1975
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
10/13/23	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-111.56	0.00		-434.44	111.56
10/13/23	46600	Diagnostic anoscopy spx		353.00	-85.76	0.00		-267.24	85.76

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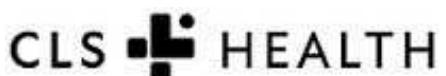
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JESSICA R. AGUILAR
2410 CAROLINE ST
DICKINSON, TX 77539-6035

(346)208-9768

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJE001	1
Guarantor	Due Date	Payment Due
JESSICA R.	Upon Receipt	197.22

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JESSICA R. AGUILAR		KAREEM GADELMOLA MD	AGUJE001	UTMB	09/17/1990
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
06/25/23	99223	1ST HOSP IP/OBS HIGH 75	523.00	-197.22	0.00
					Adjustments Remainder
					-325.78 197.22

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281-694-5986

JOSE F. AGUNIGA
9107 BARTON ST
HOUSTON, TX 77075-1218

(832)512-5298

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJO001	1
Guarantor	Due Date	Payment Due
JOSE F.	Upon Receipt	237.10

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Date of Last Payment:	7/22/2022	Amount of Last Payment:	-183.51
Patient: JOSE F. AGUNIGA	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: AGUJO001	Place of Service: MEMORIAL

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SEFPAY			
03/15/22	99253	HOSPITAL CONSULT, INITIAL LEVEL		273.00		0.00	-182.00		91.00
03/16/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95		73.05
03/17/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95		73.05

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JUAN G. AGUEDO
270 EL DORADO BLVD APT 809
WEBSTER, TX 77598-2255

(713)428-8444

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUJU002	1
Guarantor	Due Date	Payment Due
JUAN G. AGUEDO	Upon Receipt	42.31

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Date of Last Payment: 5/14/2024		Amount of Last Payment: -10.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JUAN G. AGUEDO	JAMAL M. MOHAMMED MD	AGUJU002	CLS HEALTH	01/27/1957			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible MEDICARE	Adjustments	Remainder	
09/26/22	72100	X-rayexam l-s spine 2/3 ws	127.00	-42.31	0.00	-84.69	42.31

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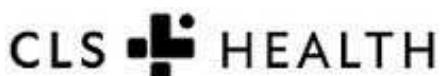
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Amount Due

42.31



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KRYSTAL AGUIRRE
14635 LORNE DR
HOUSTON, TX 77049-4410

(832)785-9087

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUKR000	1
Guarantor	Due Date	Payment Due
KRYSTAL	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
KRYSTAL AGUIRRE		BASHAR ZLEIK MD	AGUKR000	THE HEIGHTS	11/10/1986
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
03/31/23	99999	NO SHOW	25.00		0.00
					Adjustments Remainder 25.00

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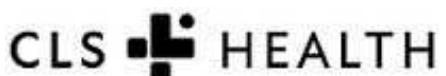
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Amount Due

25.00



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LAURA I. AGUIRRE MARROQUIN
588 COUNTY ROAD 6881 N
DAYTON, TX 77535-3847

(832)857-8508

Statement Date	Invoice Number	Page
02/10/2025	CLS AGULA001	1
Guarantor	Due Date	Payment Due
LAURA I.	Upon Receipt	27.88

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Date of Last Payment:	2/13/2024	Amount of Last Payment:	-136.62
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAURA I. AGUIRRE	BASHAR ZLEIK MD	AGULA001	EXCELLENCE	12/14/1989

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
						BLUE		
12/14/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-136.62	-312.84	45.54

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAURA I. AGUIRRE	BASHAR ZLEIK MD	AGULA001	THE HEIGHTS	12/14/1989

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
						BLUE		
12/27/23	99215	OFFICE VISIT EST/LEVEL 5	95	546.00	-53.31	-106.95	-403.40	-17.66

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LINDA C. AGUILAR
3518 FEDERAL RD
PASADENA, TX 77504-2209

(832)659-8424

Statement Date	Invoice Number	Page
02/10/2025	CLS AGULI000	1
Guarantor	Due Date	Payment Due
LINDA C.	Upon Receipt	328.90

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or scan the QR Code	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 12/19/2024	Amount of Last Payment: -70.00
----------------------------------	--------------------------------

Patient: LINDA C. AGUILAR	Rendering Physician: CHARLIE C. CHANG MD	Chart Number: AGULI000	Place of Service: CLS HEALTH	Date of Birth: 09/08/1961
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
						AETNA		
02/02/21	99214	OFFICE VISIT EST/LEVEL 4	GT	404.00	-40.00	0.00	-304.00	60.00

Patient: LINDA C. AGUILAR	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: AGULI000	Place of Service: CLS HEALTH	Date of Birth: 09/08/1961
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
						Blue		
05/31/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-70.00	-80.31	-319.69	-70.00

Patient: LINDA C. AGUILAR	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: AGULI000	Place of Service: CLEAR LAKE	Date of Birth: 09/08/1961
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
						Blue		
05/19/22	76937	Us guide vascular access	26	125.00		-15.37	-105.79	3.84
05/19/22	75716	Artery x-rays arms/legs	26	1,975.0		-102.32	-1,847.10	25.58
05/19/22	75625	Contrast exam abdomini aorta	26	1,975.0		-59.22	-1,900.98	14.80
05/19/22	37227	Fem/popl revasc stnt & ather	LT	37,748.		-793.45	-36,756.19	198.36
05/19/22	37229	Tib/per revasc w/ather	LT	29,813.		-385.30	-29,331.38	96.32

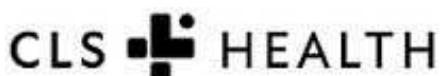
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LIZETTE AGUILERA
1056 COUNTY ROAD 712
ALVIN, TX 77511-8789

(832)470-5357

Statement Date	Invoice Number	Page
02/10/2025	CLS AGULI002	1
Guarantor	Due Date	Payment Due
LIZETTE	Upon Receipt	67.08

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Date of Last Payment:			Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
LIZETTE AGUILERA	MOUSTAFA M. AHMED MD	AGULI002	CLS HEALTH	07/30/1991					
Dates	Procedure	Description	Modifier	Paid By AETNA	Applied to Patient Deductible	Paid by TEXAS	Adjustments	Remainder	
08/10/23	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-183.75	0.00	-114.80	-190.25	68.95
08/10/23	94760	Measure blood oxygen level		7.00		0.00	-1.87	-7.00	-1.87

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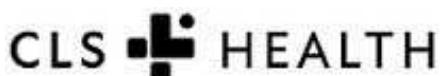
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Amount Due

67.08



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LIDIA AGUILAR MEJIA
90 UVALDE RD APT 308
HOUSTON, TX 77015-1422

(713)257-4701

Statement Date	Invoice Number	Page
02/10/2025	CLS AGULI004	1
Guarantor	Due Date	Payment Due
LIDIA AGUILAR	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LIDIA AGUILAR MEJIA	ZEID F. KARADSHEH MD	AGULI004	CLS HEALTH	04/19/1973
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/30/23	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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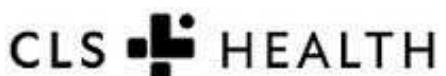
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Amount Due

25.00



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LUCIA I. AGUIRRE
4719 JACKSON ST
HOUSTON, TX 77004-5037

(713)703-3456

Statement Date	Invoice Number	Page
02/10/2025	CLS AGULU000	1
Guarantor	Due Date	Payment Due
LUCIA I. AGUIRRE	Upon Receipt	67.72

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Date of Last Payment:	4/24/2024		Amount of Last Payment:	-24.93
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LUCIA I. AGUIRRE	LOUAY ZEID MD	AGULU000	CLS HEALTH	08/03/1986

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
04/24/24	Q0091	Obtaining screen pap smear		132.00	-67.33	-37.15	0.00	-94.85	-30.18
04/24/24	76830	Transvaginal us non-ob		355.00		-97.90	0.00	-257.10	97.90

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Amount Due

67.72



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MARISOL AGUILERA LOPEZ
1600 DICKINSON AVE TRLR 319
DICKINSON, TX 77539-4698

(832)989-1748

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUMA004	1
Guarantor	Due Date	Payment Due
MARISOL	Upon Receipt	144.58

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Date of Last Payment: 12/7/2022			Amount of Last Payment: -578.30	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARISOL AGUILERA	MAAMOUN A. HARMOUCH	AGUMA004	CLEAR LAKE	08/10/1986
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by BRIGHT
10/31/22	47562	Laparoscopic cholecystectomy	2,079.0	-578.30
				Adjustments Remainder -1,356.12 144.58

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Amount Due

144.58



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MARRISSA N. AGUILAR
2410 24TH ST N APT 45
TEXAS CITY, TX 77590-4638

(830)560-0459

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUMA008	1
Guarantor	Due Date	Payment Due
MARRISSA N.	Upon Receipt	90.56

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Date of Last Payment: 12/22/2023

Amount of Last Payment: 0.00

Patient: MARRISSA N. AGUILAR	Rendering Physician: MICHAEL G. BARACY MD	Chart Number: AGUMA008	Place of Service: MAINLAND	Date of Birth: 06/08/2003
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TMHP	Adjustments	Remainder
11/02/23	99253	HOSPITAL CONSULT, INITIAL LEVEL		273.00		0.00	-182.44	90.56

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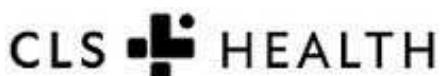
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Amount Due

90.56



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MARGARITA AGUILERA BERNABE
10202 SWEETWATER LN
TRL10A
HOUSTON, TX 77037-1241
(832)483-7716

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUMA011	1
Guarantor	Due Date	Payment Due
MARGARITA	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MARGARITA AGUILERA	ZEID F. KARADSHEH MD	AGUMA011	CLS HEALTH	06/07/1964			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BCBS	Adjustments	Reminder
11/22/23	99999	NO SHOW	25.00		0.00		25.00
09/28/23	99999	NO SHOW		25.00	0.00		25.00

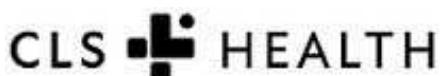
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MARVELY AGUILAR ORELLANA
6923 CLOUD SWEPT LN
HOUSTON, TX 77086-2135

(832)739-7340

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUMA012	1
Guarantor	Due Date	Payment Due
MARVELY	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MARVELY AGUILAR	BASHAR ZLEIK MD	AGUMA012	THE HEIGHTS	05/19/1977			
Dates Procedure Description Paid By Applied to Paid by							
			Modifier Charge	Patient Deductible	Ambetter	Adjustments	Remainder
07/20/23	99999	NO SHOW	25.00			0.00	25.00

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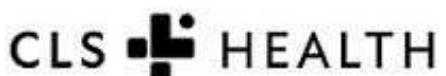
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Amount Due

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MICHAEL AGUILAR
1907 NEUMANN DR
GALVESTON, TX 77551-5062

(409)443-1342

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUMI004	1
Guarantor	Due Date	Payment Due
MICHAEL	Upon Receipt	34.59

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Date of Last Payment: 3/29/2024		Amount of Last Payment: -168.70		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL AGUILAR	UGOCHI A. ARISUKWU NP	AGUMI004	CLEAR LAKE	07/23/1984
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/02/24	99233	SBSQ HOSP IP/OBS HIGH 50	357.00	-36.22
				-286.19
				34.59

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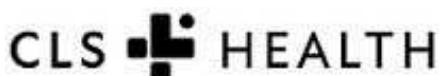
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Amount Due

34.59



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OSCAR E. AGUILAR LOPEZ
25425 REDWOOD LANE
CLEVELAND, TX 77328-7406

(936)314-0478

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUOS000	1
Guarantor	Due Date	Payment Due
OSCAR E.	Upon Receipt	126.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
OSCAR E. AGUILAR LOPEZ	MAAMOUN A. HARMOUCH	AGUOS000	CLEAR LAKE	12/08/1989			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
05/14/21	99254	HOSPITAL CONSULT, LEVEL 4	377.00		0.00	-251.00	126.00

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126.00



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RAMIRO D. AGUILERA
1011 MAROBY ST
HOUSTON, TX 77017-4029

(832)461-7032

Statement Date	Invoice Number	Page
02/10/2025	CLS AGURA000	1
Guarantor	Due Date	Payment Due
RAMIRO D.	Upon Receipt	116.13

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Date of Last Payment:			Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
RAMIRO D. AGUILERA		JIRIES S. DAHU MD	AGURA000	MEMORIAL	09/24/1962		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE		
07/28/21	99220	Observation, Initial - High Severity	559.00	-54.57	-127.33	-377.10	54.57
07/29/21	99226	Subsequent observation care	318.00	-30.78	-71.82	-215.40	30.78
07/30/21	99226	Subsequent observation care	318.00	-30.78	-71.82	-215.40	30.78

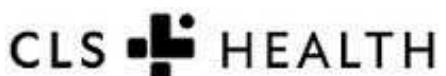
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Amount Due
116.13



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ROBERT AGUILAR
528 ACKER
CLUTE, TX 77531-4734

(979)481-1648

Statement Date	Invoice Number	Page
02/10/2025	CLS AGURO005	1
Guarantor	Due Date	Payment Due
ROBERT	Upon Receipt	25.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ROBERT AGUILAR		SUNIL U. THOMAS MD	AGURO005	CLS HEALTH	05/08/1966
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CIGNA
08/16/23	99999	NO SHOW	25.00		0.00
					0.00
					25.00
Adjustments	Remainder				

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Amount Due
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ROLANDO AGUILERA
5098 AKUMAL CALLE
DICKINSON, TX 77539-4088

(832)606-0160

Statement Date	Invoice Number	Page
02/10/2025	CLS AGURO006	1
Guarantor	Due Date	Payment Due
ROLANDO	Upon Receipt	385.31

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Patient: ROLANDO AGUILERA	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AGURO006	Place of Service: BAY AREA	Date of Birth: 05/02/1972
-------------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
05/03/24	45385	Colonoscopy w/lesion removal		765.00	-276.52	0.00	-488.48	276.52
05/03/24	45380	Colonoscopy and biopsy	59	605.00	-108.79	0.00	-496.21	108.79

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Amount Due

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RUBEN AGUILLO
501 N BEAUREGARD ST APT 4
ALVIN, TX 77511-2179

(713)478-3545

Statement Date	Invoice Number	Page
02/10/2025	CLS AGURU000	1
Guarantor	Due Date	Payment Due
RUBEN	Upon Receipt	224.73

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Date of Last Payment: 11/30/2021	Amount of Last Payment: 0.00
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Patient: RUBEN AGUILLO	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AGURU000	Place of Service: UTMB	Date of Birth: 01/28/1967
----------------------------------	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE	TMHP		
08/27/21	99292	CRITICAL CARE, 30 MIN	25	680.00	-45.39	-181.55	-0.44	-453.06	44.95
08/28/21	99292	CRITICAL CARE, 30 MIN		340.00	-22.69	-90.78	-0.21	-226.53	22.48
08/30/21	99292	CRITICAL CARE, 30 MIN		340.00	-22.69	-90.78	-0.21	-226.53	22.48

Patient: RUBEN AGUILLO	Rendering Physician: ALI EZZO MD	Chart Number: AGURU000	Place of Service: UTMB	Date of Birth: 01/28/1967
----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE	TMHP		
08/22/21	99291	CRITICAL CARE 1ST HOUR		678.00	-45.18	-179.89	-0.24	-452.93	44.94
08/23/21	99291	CRITICAL CARE 1ST HOUR		678.00	-45.18	-179.89	-0.24	-452.93	44.94
08/29/21	99291	CRITICAL CARE 1ST HOUR		678.00	-45.18	-179.89	-0.24	-452.93	44.94

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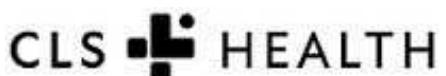
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224.73



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SALVADOR L. AGUILERA
3203 THREE SISTER CIR
PEARLAND, TX 77581-4577

(832)978-2976

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUSA000	1
Guarantor	Due Date	Payment Due
SALVADOR L.	Upon Receipt	50.00

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Date of Last Payment:	10/2/2024	Amount of Last Payment:	-0.82
Patient: SALVADOR L. AGUILERA	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AGUSA000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By			Paid by Communi	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
01/22/21	95819	Eeg awake and asleep		1,431.0	-25.00	-392.93		-988.07	25.00
01/26/21	95913	Nrv cndj test 13/> studies		955.00	-25.00	-245.77		-659.23	25.00

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SANDRA J. AGUIRRE
17823 SOMMERSET FALLS LN
CROSBY, TX 77532-2580

(713)584-5831

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUSA004	1
Guarantor	Due Date	Payment Due
SANDRA J.	Upon Receipt	7.00

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Date of Last Payment: 5/10/2024		Amount of Last Payment: -22.82		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SANDRA J. AGUIRRE	GHYATH SAMMAN MD	AGUSA004	CLEAR LAKE	11/29/1968
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/21/24	93010	Electrocardiogram report	89.00	-22.82
				Adjustments Remainder
				-59.18 7.00

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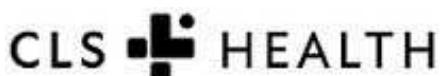
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SONIA AGUILERA
910 WOODLAND ST
CHANNELVIEW, TX 77530-3629

(951)591-6115

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUSO001	1
Guarantor	Due Date	Payment Due
SONIA AGUILERA	Upon Receipt	39.62

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Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SONIA AGUILERA		JACQUELINE M. WEGGE MD	AGUSO001	HCA	05/03/1985
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
03/18/22	99204	OFFICE VIST NEW LEVEL 4	420.00	-39.62	-59.42
					Adjustments Remainder
					-320.96 39.62

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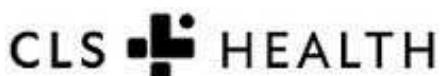
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Amount Due

39.62



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TAIMI AGUILA
10701 SABO RD APT 605
HOUSTON, TX 77089-1635

(281)818-3754

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUTA000	1
Guarantor	Due Date	Payment Due
TAIMI AGUILA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TAIMI AGUILA	ZEID F. KARADSHEH MD	AGUTA000	CLS HEALTH	07/31/1976
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
02/26/24	99999	NO SHOW	25.00	Paid by BOON 0.00
				Adjustments Remainder 25.00

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VICTOR V. AGUILERA
5009 EDGEWATER ST
DICKINSON, TX 77539-3132

(281)804-8633

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUVI002	1
Guarantor	Due Date	Payment Due
VICTOR V.	Upon Receipt	100.00

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Date of Last Payment: 10/7/2024			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
VICTOR V. AGUILERA		MOUSTAFA M. AHMED MD	AGUVI002	CLS HEALTH	12/27/1966
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED
					Paid by TMHP
					Adjustments Remainder
05/16/22	99999	NO SHOW	25.00		0.00
					0.00
					25.00

Patient:			Rendering Physician:			Chart Number:			Place of Service:			Date of Birth:		
VICTOR V. AGUILERA			MOUSTAFA M. AHMED MD			AGUVI002			CLS HEALTH			12/27/1966		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED	Paid by TMHP	Adjustments	Remainder						
06/21/23	99999	NO SHOW	25.00			0.00	0.00							25.00
06/26/23	99999	NO SHOW	25.00			0.00	0.00							25.00
08/09/23	99999	NO SHOW	25.00			0.00	0.00							25.00

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WALTER A. AGUILAR
4738 15TH ST
BACLIFF, TX 77518-2615

(832)860-8848

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUWA000	1
Guarantor	Due Date	Payment Due
WALTER A.	Upon Receipt	1597.60

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Date of Last Payment: 1/4/2023				Amount of Last Payment: 0.00		
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
WALTER A. AGUILAR		OMAR ALBUSTAMI MD	AGUWA000	UTMB	07/16/1997	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
03/25/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00	-410.76 205.24
03/26/21	99238	Hospital discharge day	222.00		0.00	-147.95 74.05
Patient:				Place of Service:	Date of Birth:	
WALTER A. AGUILAR		LUIGI TERMINELLA MD	AGUWA000	UTMB	07/16/1997	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
03/26/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00	-402.06 275.94
Patient:				Place of Service:	Date of Birth:	
WALTER A. AGUILAR		LUIGI TERMINELLA MD	AGUWA000	UTMB	07/16/1997	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
06/28/22	99291	CRITICAL CARE 1ST HOUR	672.00		0.00	-447.95 224.05
06/29/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-216.08 107.92
Patient:				Place of Service:	Date of Birth:	
WALTER A. AGUILAR		KAREEM GADELMOLA MD	AGUWA000	UTMB	07/16/1997	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
01/28/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00		0.00	-343.18 151.82

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WALTER A. AGUILAR
4738 15TH ST
BACLIFF, TX 77518-2615

(832)860-8848

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUWA000	2
Guarantor	Due Date	Payment Due
WALTER A.	Upon Receipt	1597.60

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WALTER A. AGUILAR	LUIGI TERMINELLA MD	AGUWA000	UTMB	07/16/1997

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by SELFPAY	Adjustments	Remainder
01/29/23	99239	HOSPITAL DISCHARGE, LONG		345.00		0.00	-226.98	118.02

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WALTER A. AGUILAR	MOHAMMAD J. BABA MD	AGUWA000	UTMB	07/16/1997

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by TMHP	Adjustments	Remainder
01/28/23	99291	CRITICAL CARE 1ST HOUR		645.00		0.00	-424.72	220.28

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WALTER A. AGUILAR	OMAR ALBUSTAMI MD	AGUWA000	UTMB	07/16/1997

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by TMHP	Adjustments	Remainder
01/27/23	99291	CRITICAL CARE 1ST HOUR		645.00		0.00	-424.72	220.28

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YOLANDA T. AGUILAR
1113 W WILLIS ST
ALVIN, TX 77511-2034

(979)291-4700

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUYO000	1
Guarantor	Due Date	Payment Due
YOLANDA T.	Upon Receipt	39.27

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Date of Last Payment: 7/22/2022			Amount of Last Payment: -20.62		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
YOLANDA T. AGUILAR		MAHESWARY	AGUYO000	CLEAR LAKE	03/27/1950
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by TMHP MEDICARE
06/04/22	99236	Hosp/Obs - Admit/Disch Same Day Level	651.00	-59.89	-155.52 -20.62 -435.59 39.27

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SUNDAY O. AGWUIBE
10440 SOUTH DR APT 2806
HOUSTON, TX 77099-2808

(832)890-0617

Statement Date	Invoice Number	Page
02/10/2025	CLS AGWSU000	1
Guarantor	Due Date	Payment Due
SUNDAY O.	Upon Receipt	145.63

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Date of Last Payment:	Amount of Last Payment:
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Patient: SUNDAY O. AGWUIBE	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AGWSU000	Place of Service: UTMB	Date of Birth: 07/05/1970
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
02/22/22	99223	INITIAL HOSPITAL/HIGH		609.00	-40.63	-162.52		-405.85 40.63
02/23/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99		-210.01 21.00
02/24/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99		-210.01 21.00

Patient: SUNDAY O. AGWUIBE	Rendering Physician: ALI EZZO MD	Chart Number: AGWSU000	Place of Service: UTMB	Date of Birth: 07/05/1970
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
02/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99		-210.01 21.00
02/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99		-210.01 21.00
02/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99		-210.01 21.00

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BASHIR AHAMED
4415 SHAVER ST APT 904
PASADENA, TX 77504-2698

(832)708-0578

Statement Date	Invoice Number	Page
02/10/2025	CLS AHABA000	1
Guarantor	Due Date	Payment Due
BASHIR AHAMED	Upon Receipt	25.00

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Date of Last Payment: 2/26/2024		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BASHIR AHAMED	ZEID F. KARADSHEH MD	AHABA000	CLS HEALTH	04/01/1971
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
12/29/22	99999	NO SHOW	25.00	Paid by BLUE 0.00
				Adjustments Remainder 25.00

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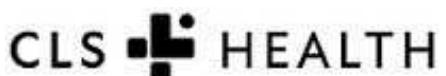
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Amount Due

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ABDULMALIK M. AHMED
6515 HILLCROFT ST APT 827
HOUSTON, TX 77081-4759

(832)762-9598

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAB001	1
Guarantor	Due Date	Payment Due
ABDULMALIK M.	Upon Receipt	100.00

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Date of Last Payment:	11/1/2023	Amount of Last Payment:	-5.00
Patient: ABDULMALIK M. AHMED	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: AHMAB001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
10/11/23	99992	NO SHOW		50.00		0.00	50.00
02/07/24	99992	NO SHOW		50.00		0.00	50.00

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ADNAN A. AHMED
1610 MABRY MILL RD
HOUSTON, TX 77062-2084

(202)340-5822

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAD000	1
Guarantor	Due Date	Payment Due
ADNAN A.	Upon Receipt	60.70

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Date of Last Payment: 10/17/2022				Amount of Last Payment: -96.39		
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ADNAN A. AHMED		MOUSTAFA M. AHMED MD	AHMAD000	Pain	09/10/1939	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
06/27/22	80307	Drug test prsmv chem anlyzr	186.00		-30.23	-150.44 5.33
06/27/22	G0483	Drug test def 22+ classes	741.00		-115.44	-605.19 20.37
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ADNAN A. AHMED		MAAMOUN A. HARMOUCH	AHMAD000	CLS HEALTH	09/10/1939	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
09/01/22	99245	OFFICE CONSULTATION/LEVEL 5	497.00	-25.00	-166.72	-295.28 10.00
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ADNAN A. AHMED		CATHERINE I. AGALA FNP-C	AHMAD000	CLS HEALTH	09/10/1939	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
07/25/22	99999	NO SHOW	25.00		0.00	25.00

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AFRIN AHMED
2309 PINEY WOODS DRIVE
PEARLAND, TX 77581-5851

(281)222-8227

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAF001	1
Guarantor	Due Date	Payment Due
AFRIN AHMED	Upon Receipt	9.22

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Date of Last Payment:	8/30/2023	Amount of Last Payment:	-128.83
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AFRIN AHMED	MAHMOOD DWEIK MD	AHMAF001	CLS HEALTH	09/12/1980

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE		
10/03/22	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-42.60	-161.38	-295.28	-2.26
02/20/23	94660	Pos airway pressure cpap		191.00		-45.66	-133.93	11.41
04/21/23	99457	Rem physiol mntr 1st 20 min		150.00		-39.80	-100.26	9.94
05/21/23	99457	Rem physiol mntr 1st 20 min		150.00		-39.80	-100.26	9.94
07/21/23	99457	Rem physiol mntr 1st 20 min		150.00		-39.80	-100.26	9.94

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AFRIN AHMED	MAHMOOD DWEIK MD	AHMAF001		09/12/1980

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE		
10/28/22	95806	Sleep study unatt&resp efft		288.00	-85.42	-98.38	-165.03	-60.83
10/29/22	95806	Sleep study unatt&resp efft		288.00		-98.38	-165.03	24.59
10/30/22	95806	Sleep study unatt&resp efft		288.00		-98.38	-165.03	24.59

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AFRIN AHMED	MAHMOOD DWEIK MD	AHMAF001	CLS HEALTH	09/12/1980

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE		
12/02/22	95811	Polysom 6>/yrs cpap 4> parm		1,919.0	-132.80	-458.83	-1,345.47	-18.10

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AHMAD Y. AHMAD
13826 STATELY AVE
HOUSTON, TX 77034-5453

(281)948-0415

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAH000	1
Guarantor	Due Date	Payment Due
AHMAD Y.	Upon Receipt	15.78

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Date of Last Payment: 8/17/2022		Amount of Last Payment: -142.05					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
AHMAD Y. AHMAD	JIHAD M. HARMOUCHE MD	AHMAH000	CLEAR LAKE	07/03/2022			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CORE	Adjustments	Remainder
07/05/22	54160	Circumcision neonate	451.00		-142.05	-293.17	15.78

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ARISHA F. AHMED
2309 PINEY WOODS DR
PEARLAND, TX 77581-5850

(281)224-0361

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAR000	1
Guarantor	Due Date	Payment Due
ARISHA F.	Upon Receipt	97.99

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Date of Last Payment: 6/13/2024	Amount of Last Payment: -15.44
---------------------------------	--------------------------------

Patient: ARISHA F. AHMED	Rendering Physician: NISARG PATEL MD	Chart Number: AHMAR000	Place of Service: CLS HEALTH	Date of Birth: 07/05/2009
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
04/04/24	87637	SARS-CoV2&INF A&B&RSV AMP PRB		428.00		-114.11	-285.37	28.52
04/04/24	87651	Strep a dna amp probe		105.00		-15.44	-85.70	3.86
04/04/24	87581	M.PNEUMON, DNA, AMP PROBE		105.00		-15.44	-85.70	3.86
04/04/24	87798	Detect agent nos dna amp		1,260.0		-185.28	-1,028.41	46.31
04/04/24	87486	CHYLMD PNEUM, DNA, AMP PROBE	59	105.00		-15.44	-85.70	3.86
04/04/24	87498	ENTEROVIRUS, DNA, AMP PROBE	59	105.00		-15.44	-85.70	3.86
04/04/24	87541	LEGION PNEUMO, DNA, AMP PROB		105.00		-15.44	-85.70	3.86
04/04/24	87641	MR-staph dna amp probe		105.00		-15.44	-85.70	3.86

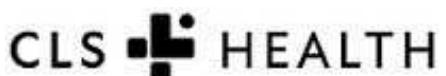
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ASHSAQ AHMED
27518 KINGSLAND PLACE LN
FULSHEAR, TX 77441-1576

(609)937-6882

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAS001	1
Guarantor	Due Date	Payment Due
ASHSAQ AHMED	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ASHSAQ AHMED	ROHIT R. DHIR MD	AHMAS001	CLS HEALTH	07/02/1967
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/08/22	99992	NO SHOW	50.00	Paid by BLUE
				Adjustments Remainder
				50.00

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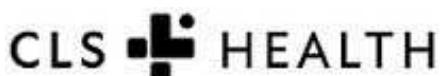
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50.00



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ASMA AHMAD
125 W BAY AREA BLVD
WEBSTER, TX 77598-4111

(832)363-8588

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAS002	1
Guarantor	Due Date	Payment Due
ASMA AHMAD	Upon Receipt	60.48

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Date of Last Payment: 12/16/2024

Amount of Last Payment: 0.00

Patient: ASMA AHMAD	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AHMAS002	Place of Service: CLS HEALTH	Date of Birth: 07/17/1987
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
10/16/23	76801	OB US < 14 WKS SINGLE FETUS		358.00		-97.88	-211.18	48.94

Patient: ASMA AHMAD	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: AHMAS002	Place of Service: CLS HEALTH	Date of Birth: 07/17/1987
-------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
12/20/23	97162	Pt eval mod complex 30 min	Q6	304.00	-30.00	-41.53	-220.93	11.54

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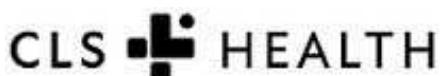
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Amount Due

60.48



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AZIZ AHMED
1543 ALMOND BROOK LN
HOUSTON, TX 77062-8042

(832)423-3549

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAZ000	1
Guarantor	Due Date	Payment Due
AZIZ AHMED	Upon Receipt	63.18

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Date of Last Payment: 2/1/2024

Amount of Last Payment: -22.70

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
AZIZ AHMED	JACQUELINE M. WEGGE MD	AHMAZ000	CLS HEALTH	07/05/1961			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
11/20/23	20550	Inj tendon sheath/ligament	176.00	-63.18	0.00	-112.82	63.18

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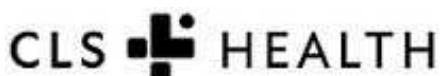
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Amount Due

63.18



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AHMED E. AHMED
2003 WOODLAND HAVEN RD
HOUSTON, TX 77062-4748

(281)804-8779

Statement Date	Invoice Number	Page
02/10/2025	CLS AHME0000	1
Guarantor	Due Date	Payment Due
AHMED E.	Upon Receipt	477.00

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Date of Last Payment:	3/18/2022		Amount of Last Payment:	-2.20
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AHMED E. AHMED	ROHIT R. DHIR MD	AHME0000	CLS HEALTH	08/21/1942

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CASH		
02/06/24	99214	OFFICE VISIT EST/LEVEL 4		387.00		0.00		387.00
02/06/24	51798	Us urine capacity measure		34.00		0.00		34.00
02/06/24	81003	Urinalysis auto w/o scope	QW	7.00		0.00		7.00
02/06/24	G2211	Complex e/m visit add on		49.00		0.00		49.00

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ESRAA A. AHMED
260 EL DORADO BLVD APT 2702
WEBSTER, TX 77598-2250

(832)915-8019

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMES000	1
Guarantor	Due Date	Payment Due
ESRAA A.	Upon Receipt	584.45

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 12/9/2023				Amount of Last Payment: 0.00				
Patient: ESRAA A. AHMED	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AHMES000	Place of Service: CLS HEALTH	Date of Birth: 07/11/1985				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Remainder
09/18/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00		0.00	-199.30	72.70
09/18/23	96365	Ther/proph/diag iv inf init		193.00		-56.85	0.00	-136.15
09/18/23	J2916	Na ferric gluconate complex		60.00		-21.20	0.00	-38.80
09/27/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-75.00	0.00	-199.30	-2.30
09/27/23	96365	Ther/proph/diag iv inf init		193.00		-56.85	0.00	-136.15
09/27/23	J2916	Na ferric gluconate complex		60.00		-21.20	0.00	-38.80
09/27/23	96367	Tx/proph/dg addl seq ivinf		174.00		-50.60	0.00	-123.40
09/27/23	J2920	Methylprednisolone injection		12.00		-4.24	0.00	-7.76
09/27/23	J1200	Diphenhydramine hcl injectio		3.00		-1.06	0.00	-1.94
10/25/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-75.00	0.00	-199.30	-2.30
10/25/23	96365	Ther/proph/diag iv inf init		193.00		-56.85	0.00	-136.15
10/25/23	J2916	Na ferric gluconate complex		60.00		-21.20	0.00	-38.80
11/01/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-54.00	0.00	-199.30	18.70
11/01/23	96365	Ther/proph/diag iv inf init		193.00		-56.85	0.00	-136.15
10/11/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00		0.00	-199.30	72.70
10/11/23	96365	Ther/proph/diag iv inf init		193.00		-56.85	0.00	-136.15
10/11/23	J2916	Na ferric gluconate complex		60.00		-21.20	0.00	-38.80

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FARKHANDA S. AHMED
904 WALNUT POINTE
LEAGUE CITY, TX 77573-0900

(832)473-1984

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMFA002	1
Guarantor	Due Date	Payment Due
FARKHANDA S.	Upon Receipt	121.06

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Date of Last Payment: 11/5/2024	Amount of Last Payment: -4.24
---------------------------------	-------------------------------

Patient: FARKHANDA S. AHMED	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AHMFA002	Place of Service: CLS HEALTH	Date of Birth: 01/18/1954
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Applied to Patient Deductible	Paid by HUMANA	Adjustments		Remainder
			Modifier	Charge					
11/20/23	73565	X-ray exam of knees	LT	121.00		-4.29		-81.71	35.00
10/01/24	73562	X-ray exam of knee 3	LT	122.00		-4.24		-82.76	35.00

Patient: FARKHANDA S. AHMED	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AHMFA002	Place of Service: CLS HEALTH	Date of Birth: 01/18/1954
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Applied to Patient Deductible	Paid by HUMANA	Adjustments		Remainder
			Modifier	Charge					
11/20/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-35.00	-159.92		-343.08	-35.00
11/20/23	J2001	Lidocaine injection	59	1.00		-0.02		-0.97	0.01
11/20/23	J3301	Triamcinolone acet inj nos	JZ	24.00		-7.27		-14.87	1.86
11/20/23	J7325	Synvisc or synvisc-one	JZ	1,392.0		-330.03		-977.78	84.19

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121.06



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HAMMAD AHMAD
21407 HIGHLAND KNOLLS DR
KATY, TX 77450-5369

(347)827-6552

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMHA001	1
Guarantor	Due Date	Payment Due
HAMMAD AHMAD	Upon Receipt	49.56

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Date of Last Payment: **4/1/2024**

Amount of Last Payment: **-9.56**

Patient: HAMMAD AHMAD	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: AHMHA001	Place of Service: CLS HEALTH	Date of Birth: 09/19/1989
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
12/08/23	51728	Cystometrogram w/vp	52	1,086.0		-126.68		-927.66	31.66
12/08/23	51741	Electro-uroflowmetry first		44.00		-10.88		-30.40	2.72
12/08/23	51784	Anal/urinary muscle study		194.00		-51.20		-130.00	12.80
12/08/23	51798	Us urine capacity measure		34.00		-9.56		-22.06	2.38

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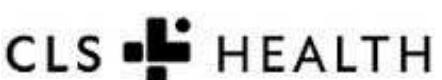
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Amount Due

49.56



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MASUD AHMED
14906 HOLLYDALE DR
HOUSTON, TX 77062-2907

(404)988-9145

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMMA002	1
Guarantor	Due Date	Payment Due
MASUD AHMED	Upon Receipt	144.70

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Date of Last Payment: 9/5/2024					Amount of Last Payment: -7.02		
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
MASUD AHMED		VENKATA K. JONNA MD		AHMMA002	CLS HEALTH		01/01/1981
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
05/06/24	20610	Drain/inj joint/bursa w/o us	LT	199.00		-44.25	-140.00 14.75
Patient:					Place of Service:		
MASUD AHMED		VENKATA K. JONNA MD		AHMMA002	CLS HEALTH		01/01/1981
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
04/23/24	73565	X-ray exam of knees		119.00		-24.41	-86.46 8.13
04/23/24	73551	X-ray exam of femur 1		88.00		-17.90	-64.13 5.97
Patient:					Place of Service:		
MASUD AHMED		VENKATA K. JONNA MD		AHMMA002	CLS HEALTH		01/01/1981
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
04/25/24	73721	Mri jnt of lwr extre w/o dye		621.00	-51.73	-128.35	-449.87 -8.95
Patient:					Place of Service:		
MASUD AHMED		VENKATA K. JONNA MD		AHMMA002	CLEAR LAKE		01/01/1981
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
06/20/24	29881	KNEE ARTHROSCOPY/SURGERY	LT	1,689.0		-374.41	-1,189.79 124.80

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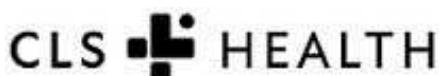
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Amount Due

144.70



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MOHAMMED R. AHMED
14138 JADE MEADOW CT
HOUSTON, TX 77062-8059

(201)658-5027

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMMO000	1
Guarantor	Due Date	Payment Due
MOHAMMED R.	Upon Receipt	90.36

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Date of Last Payment: 2/28/2023		Amount of Last Payment: -212.85				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MOHAMMED R. AHMED	ALI EZZO MD	AHMMO000	UTMB	02/24/1952		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible HUMANA	Adjustments	Remainder
10/09/21	99291	CRITICAL CARE 1ST HOUR	678.00	-90.36 -135.54	-452.10	90.36

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SANDRA X. AHMED
12118 FALLS COPPICE LN
HOUSTON, TX 77089-2242

(281)736-2960

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMSA001	1
Guarantor	Due Date	Payment Due
SANDRA X	Upon Receipt	26.62

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Date of Last Payment: 5/7/2024

Amount of Last Payment: -139.84

Patient: SANDRA X. AHMED	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AHMSA001	Place of Service: CLS HEALTH	Date of Birth: 12/15/1966
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	Ambetter		
02/29/24	99203	OFFICE VIST NEW LEVEL 3		338.00	-10.00	-112.73		-225.27	-10.00
05/02/24	99213	OFFICE VISIT EST/LEVEL 3		274.00	-10.00	-92.97		-181.03	-10.00

Patient: SANDRA X. AHMED	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AHMSA001	Place of Service: BAY AREA	Date of Birth: 12/15/1966
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	Ambetter		
04/16/24	45380	Colonoscopy and biopsy		605.00		-139.84		-418.54	46.62

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SHAMMI AHMED
4415 SHAVER ST APT 904
PASADENA, TX 77504-2698

(832)708-0575

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMSH000	1
Guarantor	Due Date	Payment Due
SHAMMI AHMED	Upon Receipt	24.64

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHAMMI AHMED	AHMED A. MORSY MD	AHMSH000	CLS HEALTH	07/04/1979

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
09/29/22	71111	X-ray exam ribs/chest 4/> ws		168.00	-20.00	-39.23	-103.77	5.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHAMMI AHMED	AHMED A. MORSY MD	AHMSH000	CLS HEALTH	07/04/1979

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
03/14/24	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHAMMI AHMED	AHMED A. MORSY MD	AHMSH000	CLS HEALTH	07/04/1979

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
03/28/24	99215	OFFICE VISIT EST/LEVEL 5		546.00	-44.87	-78.35	-434.07	-11.29
06/25/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-45.00	-78.35	-434.07	-11.42
06/25/24	20610	Drain/inj joint/bursa w/o us	LT	199.00	-21.00	-47.20	-140.00	-9.20
06/25/24	J3301	Triamcinolone acet inj nos		12.00		-3.61	-6.84	1.55

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHAMMI AHMED	AHMED A. MORSY MD	AHMSH000	CLS HEALTH	07/04/1979
<hr/>				

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Paid by BENLYSTA	Adjustments	Remainder
04/29/24	99999	NO SHOW		25.00		0.00		0	25.00

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SHAMMI AHMED
4415 SHAVER ST APT 904
PASADENA, TX 77504-2698

(832)708-0575

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02/10/2025	CLS AHMSH000	2
Guarantor	Due Date	Payment Due
SHAMMI AHMED	Upon Receipt	24.64

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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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Patient: SHARON O. AHMED	Rendering Physician: GERARD ABREO MD	Chart Number: AHMSH002	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELLMED		
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

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SYED AHMED
7810 BAILEY RD APT 321
PEARLAND, TX 77584-6602

(832)315-7503

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMSY003	1
Guarantor	Due Date	Payment Due
SYED AHMED	Upon Receipt	89.94

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Patient: SYED AHMED	Rendering Physician: JUNEIGHT C. ALCIVAR	Chart Number: AHMSY003	Place of Service: PAM	Date of Birth: 05/03/1972
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
03/31/22	99254	HOSPITAL CONSULT, LEVEL 4		377.00		-167.39	-191.01	18.60
04/01/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-103.94	-199.51	11.55
04/04/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-103.94	-199.51	11.55
04/05/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/06/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/07/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/08/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/09/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/11/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04

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WAJIHA T. AHMED
2435 BISONTINE ST
FRIENDSWOOD, TX 77546-2379

(973)262-0660

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMWA000	1
Guarantor	Due Date	Payment Due
WAJIHA T.	Upon Receipt	209.14

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Date of Last Payment: 10/17/2024	Amount of Last Payment: -64.68
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Patient: WAJIHA T. AHMED	Rendering Physician: AHMED A. MORSY MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
05/13/24	73130	X-ray exam of hand	RT	111.00	-52.55	-22.58	-80.90	-45.03
05/13/24	73130	X-ray exam of hand	LT	111.00		-22.58	-80.90	7.52
05/13/24	73030	X-ray exam of shoulder	RT	104.00		-21.15	-75.80	7.05
05/13/24	73030	X-ray exam of shoulder	LT	104.00		-21.15	-75.80	7.05
05/13/24	73630	X-ray exam of foot	RT	102.00		-20.95	-74.07	6.98
05/13/24	73630	X-ray exam of foot	LT	102.00		-20.95	-74.07	6.98
05/13/24	73070	X-ray exam of elbow	RT	88.00		-17.90	-64.13	5.97
05/13/24	73070	X-ray exam of elbow	LT	88.00		-17.90	-64.13	5.97

Patient: WAJIHA T. AHMED	Rendering Physician: AHMED A. MORSY MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
08/28/24	20610	Drain/inj joint/bursa w/o us	RT	199.00		-44.25	-140.00	14.75

Patient: WAJIHA T. AHMED	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
07/03/24	87481	Candida dna amp probe	59	525.00		-72.38	-428.50	24.12
07/03/24	87491	Chyldm trach dna amp probe	59	105.00		-14.48	-85.70	4.82
07/03/24	87511	Gardner vag dna amp probe	59	105.00		-14.48	-85.70	4.82
07/03/24	87529	HSV, DNA, AMP Probe	59	210.00		-28.95	-171.40	9.65

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Statement Date	Invoice Number	Page
02/10/2025	CLS AHMWA000	2
Guarantor	Due Date	Payment Due
WAJIHA T.	Upon Receipt	209.14

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07/03/24	87591	N. gonorrhea dna amp probe	59	105.00	-14.48	-85.70	4.82
07/03/24	87640	Staph a dna amp probe	59	105.00	-14.48	-85.70	4.82
07/03/24	87653	Strep b dna amp probe	59	105.00	-14.48	-85.70	4.82
07/03/24	87661	Trichomonas vaginalis amplification	59	105.00	-14.48	-85.70	4.82
07/03/24	87798	Detect agent nos dna amp	59	1,995.0	-275.02	-1,628.31	91.67

Patient: WAJIHA T. AHMED	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AHMWA000	Place of Service: CLS HEALTH	Date of Birth: 11/04/1991
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
08/28/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-10.00	-83.54	-303.46	-10.00	
08/28/24	81025	Urine pregnancy test		26.00		-4.52	-19.97	1.51	
08/28/24	76830	Transvaginal us non-ob	59	355.00		-73.43	-257.10	24.47	
08/28/24	76856	Us exam pelvic complete		314.00		-64.68	-227.76	21.56	

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Statement Date	Invoice Number	Page
02/10/2025	CLS AHMYO000	1
Guarantor	Due Date	Payment Due
YOUSEF AHMED	Upon Receipt	27.56

YOUSSEF AHMED
4411 ORANGE LEAF CT
HOUSTON, TX 77059-3167

(832)552-9799

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Patient: YOUSSEF AHMED	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: AHMYO000	Place of Service: CLS HEALTH	Date of Birth: 02/14/2022				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
10/11/23	73140	X-ray exam of finger(s)	LT	115.00	-27.56	0.00	-87.44	27.56

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PAULA T. AIG
8607 REXFORD COVE CT
RICHMOND, TX 77407-1572

(832)364-0214

Statement Date	Invoice Number	Page
02/10/2025	CLS AIGPA000	1
Guarantor	Due Date	Payment Due
PAULA T. AIG	Upon Receipt	262.39

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Patient: PAULA T. AIG	Rendering Physician: HEENA S. AHMED MD	Chart Number: AIGPA000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					PATIENT	Deductible	MEDICARE		
09/06/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00			-134.67	-333.98	34.35
10/03/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-53.88		-103.17	-255.51	-27.56
11/02/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-34.86		-103.17	-255.51	-8.54
11/28/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-34.86		-103.17	-255.51	-8.54
01/02/24	99999	NO SHOW		25.00			0.00		25.00
01/09/24	99999	NO SHOW		25.00			0.00		25.00
02/07/24	99999	NO SHOW		25.00			0.00		25.00
02/15/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-26.94		-101.14	-260.06	-1.14
02/07/24	99999	NO SHOW		25.00			0.00		25.00
03/14/24	99999	NO SHOW		25.00			0.00		25.00
03/19/24	99999	NO SHOW		25.00			0.00		25.00

Patient: PAULA T. AIG	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AIGPA000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					PATIENT	Deductible	MEDICARE		
10/06/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-34.86		-103.17	-255.51	-8.54
01/12/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-111.00	-14.11	-258.29	-20.14

Patient: PAULA T. AIG	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AIGPA000	Place of Service: MEMORIAL	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					PATIENT	Deductible	MEDICARE		

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8607 REXFORD COVE CT
RICHMOND, TX 77407-1572

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Statement Date	Invoice Number	Page
02/10/2025	CLS AIGPA000	2
Guarantor	Due Date	Payment Due
PAULA T. AIG	Upon Receipt	262.39

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11/08/23	63650	Implant neuroelectrodes	2,504.0	-503.14	-1,872.51	128.35
11/08/23	63685	Insrt/redo spine n generator	1,111.0	-148.82	-924.22	37.96
11/08/23	95972	Alys cplx sp/pn npgt w/prgrm	59	123.00	-32.91	-81.70

Patient: PAULA T. AIG	Rendering Physician: LORRIE F. POOL APRN	Chart Number: AIGPA000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
11/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-87.70	-274.93	22.37
11/21/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-195.94	-87.70	-274.93	-173.57

Patient: PAULA T. AIG	Rendering Physician: HEENA S. AHMED MD	Chart Number: AIGPA000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder		
			Modifier	Charge	Patient Deductible	MEDICARE			
01/05/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00		-129.00	0.00	-258.00	129.00

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MICHAEL J. AIKEN
1804 1ST ST
LIVERPOOL, TX 77577-9738

(561)789-1037

Statement Date	Invoice Number	Page
02/10/2025	CLS AIKMI000	1
Guarantor	Due Date	Payment Due
MICHAEL J.	Upon Receipt	23.72

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Patient: MICHAEL J. AIKEN	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AIKMI000	Place of Service: CLS HEALTH	Date of Birth: 01/26/1962
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Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder	
			Modifier	Charge						
01/28/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-142.60	0.00		-421.40	-6.97
10/11/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-149.57	-142.60	0.00		-421.40	-6.97
10/11/21	20610	Drain/inj joint/bursa w/o us	RT	201.00	-42.34	-56.70	0.00		-144.30	14.36
10/11/21	J3301	Triamcinolone acet inj nos		32.00		-10.32	0.00		-21.68	10.32
08/09/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-149.57	-106.43	0.00		-293.57	-43.14
08/09/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		-56.70	0.00		-147.30	56.70
08/09/22	J7323	Euflexxa inj per dose		0.01		-0.01	0.00			0.01

Patient: MICHAEL J. AIKEN	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: AIKMI000	Place of Service: CLS HEALTH	Date of Birth: 01/26/1962
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Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder	
			Modifier	Charge						
06/06/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-149.57	0.00			-309.54	-59.11
06/06/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		0.00			-155.80	48.20
06/06/22	J3301	Triamcinolone acet inj nos		24.00		0.00			-13.68	10.32

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CHANCE M. AINSWORTH
7912 BAYVIEW DRIVE
BEACH CITY, TX 77523-9107

(281)734-6185

Statement Date	Invoice Number	Page
02/10/2025	CLS AINCH000	1
Guarantor	Due Date	Payment Due
CHANCE M.	Upon Receipt	28.13

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CHANCE M. AINSWORTH		AINCH000			12/04/1992
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
03/30/23	95806	Sleep study unatt&resp efft	278.00	-94.84	-122.97
					0.00
					-155.03
					28.13

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Amount Due

28.13



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

BARBARA A. AIRHART
6725 W BAYOU DR
HITCHCOCK, TX 77563-3545

(832)683-1803

Statement Date	Invoice Number	Page
02/10/2025	CLS AIRBA000	1
Guarantor	Due Date	Payment Due
BARBARA A.	Upon Receipt	120.00

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

Date of Last Payment: 12/11/2024	Amount of Last Payment: -45.00
----------------------------------	--------------------------------

Patient: BARBARA A. AIRHART	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: AIRBA000	Place of Service: CLS HEALTH	Date of Birth: 09/27/1964
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	WELLMED		
06/08/22	99213	OFFICE VISIT EST/LEVEL 3		283.00		-58.82	-189.18	35.00
06/28/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
06/30/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
07/03/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
07/05/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
07/07/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
07/17/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
07/19/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
07/21/23	97605	Neg press wound tx <=50 cm		128.00		-16.97	-91.03	20.00
01/29/24	99999	NO SHOW		25.00		0.00		25.00
02/26/24	99999	NO SHOW		25.00		0.00		25.00
04/08/24	99999	NO SHOW		25.00		0.00		25.00

Patient: BARBARA A. AIRHART	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: AIRBA000	Place of Service: HOUSTON	Date of Birth: 09/27/1964
---------------------------------------	---	----------------------------------	-------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	WELLMED		
06/06/23	15830	Exc skin abd	22	3,587.0	-150.00	-1,020.92	-2,566.08	-150.00

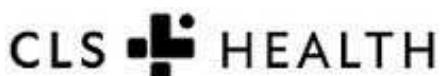
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Amount Due
120.00



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BENNIE AIRRINGTON
2823 SHADY CREEK LN
FREEPORT, TX 77541-660

(979)236-9059

Statement Date	Invoice Number	Page
02/10/2025	CLS AIRBE000	1
Guarantor	Due Date	Payment Due
BENNIE	Upon Receipt	25.00

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PO BOX 58538
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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BENNIE AIRRINGTON	SUNIL U. THOMAS MD	AIRBE000	CLS HEALTH	06/19/1961
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/09/23	99999	NO SHOW	25.00	0.00
			Paid by SELF PAY	Adjustments Remainder
				25.00

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Amount Due

25.00



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

PAULA A. AIRRINGTON
2823 SHADY CREEK LN
FREEPORT, TX 77541-6608

(979)236-8823

Statement Date	Invoice Number	Page
02/10/2025	CLS AIRPA000	1
Guarantor	Due Date	Payment Due
PAULA A.	Upon Receipt	210.80

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 10/23/2024	Amount of Last Payment: -52.56
----------------------------------	--------------------------------

Patient: PAULA A. AIRRINGTON	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: AIRPA000	Place of Service: CLS HEALTH	Date of Birth: 01/03/1962
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by CIGNA	Adjustments	Remainder
12/20/23	99999	NO SHOW		25.00		0.00		25.00

Patient: PAULA A. AIRRINGTON	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: AIRPA000	Place of Service: CLS HEALTH	Date of Birth: 01/03/1962
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by CIGNA	Adjustments	Remainder
03/27/24	80307	Drug test prsmv chem analyzr		186.00	-25.64	0.00	-160.36	25.64
03/27/24	G0483	Drug test def 22+ classes		741.00	-60.16	0.00	-680.84	60.16
06/26/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-160.36	25.64
06/26/24	G0481	Drug test def 8-14 classes		470.00		-35.80	-409.84	24.36
09/11/24	80307	Drug test prsmv chem analyzr		186.00		0.00	-160.36	25.64
09/11/24	G0481	Drug test def 8-14 classes		470.00		-35.80	-409.84	24.36

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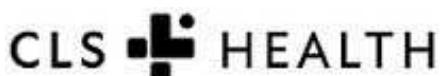
Call 281-694-5986

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

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

Amount Due

210.80



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

FLAKESON AISUENI
11814 SAGEVALE LN
HOUSTON, TX 77089-2726

(281)507-5894

Statement Date	Invoice Number	Page
02/10/2025	CLS AISFL000	1
Guarantor	Due Date	Payment Due
FLAKESON	Upon Receipt	173.09

Pay Online

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or scan the QR Code



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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 9/12/2022		Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
FLAKESON AISUENI	MAHMOOD DWEIK MD	AISFL000	CLS HEALTH	01/21/1957				
<hr/>								
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder	
06/23/22	99245	OFFICE CONSULTATION/LEVEL 5	497.00	-70.00	-243.09	0.00	-253.91	173.09

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

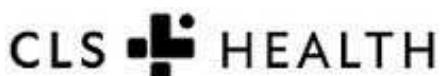
Call 281-694-5986

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

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

Amount Due

173.09



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

REEM AISSOUD
1018 MISTY TRAILS LN
LEAGUE CITY, TX 77573-1891

(617)959-3478

Statement Date	Invoice Number	Page
02/10/2025	CLS AISRE000	1
Guarantor	Due Date	Payment Due
REEM AISSOUD	Upon Receipt	141.71

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Make Checks Payable To:

CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 11/11/2024			Amount of Last Payment: -48.00		
Patient: REEM AISSOUD	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: AISRE000	Place of Service: CLS HEALTH	Date of Birth: 07/22/1993	

Dates	Procedure	Description	Paid By		Paid by UMR	Adjustments	Remainder
			Modifier	Charge			
05/22/23	72100	X-rayexam l-s spine 2/3 ws		121.00	-8.29	-35.35	-85.65 -8.29

Patient: REEM AISSOUD			Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AISRE000	Place of Service: CLS HEALTH	Date of Birth: 07/22/1993
Dates	Procedure	Description	Paid By	Applied to	Paid by	
			Modifier	Patient Deductible	UMR	Adjustments Remainder

07/31/23	99991	NO SHOW	150.00	0.00	0.00	150.00
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Have a question about your balance, or need to update your insurance information with us?

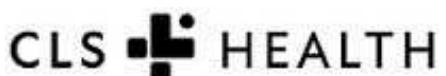
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If remitting payment via mail in check, Please include statement.

Amount Due

141.71



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

LUCILA AIZPURUA DE CIARAMEL
9801 W FAIRMONT PKWY APT 4303
LA PORTE, TX 77571-4468

(832)973-9363

Statement Date	Invoice Number	Page
02/10/2025	CLS AIZLU000	1
Guarantor	Due Date	Payment Due
LUCILA	Upon Receipt	47.93

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:	Amount of Last Payment:							
Patient: LUCILA AIZPURUA DE	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: AIZLU000	Place of Service: HCA	Date of Birth: 03/10/1955				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/01/24	99205	OFFICE VIST NEW LEVEL 5	25	549.00		-113.11	-415.89	20.00
03/01/24	51701	Insert bladder catheter		78.00		-22.93	0.00	-55.07
03/01/24	81000	Urinalysis nonauto w/scope	59	12.00		-5.00	0.00	-7.00
								5.00

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Amount Due
47.93



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ELLEN W. AKERS
2383 CALYPSO LN
LEAGUE CITY, TX 77573-0758

(832)289-0685

Statement Date	Invoice Number	Page
02/10/2025	CLS AKEEL000	1
Guarantor	Due Date	Payment Due
ELLEN W. AKERS	Upon Receipt	239.75

Pay Online

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or scan the QR Code



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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 5/26/2022		Amount of Last Payment: 0.00		
Patient: ELLEN W. AKERS	Rendering Physician: NISARG PATEL MD	Chart Number: AKEELO00	Place of Service: UTMB	Date of Birth: 04/28/1962

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/04/22	99217	OBSERVATION DISCHARGE		220.00	-59.50	0.00	-160.50 59.50

Patient: ELLEN W. AKERS		Rendering Physician: REMY TEQWIMUAH MD	Chart Number: AKEELO00	Place of Service: UTMB	Date of Birth: 04/28/1962		
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
05/02/22	99220	Observation, Initial - High Severity		550.00	-129.50	0.00	-420.50	129.50
05/03/22	99225	Subsequent observation care		218.00	-50.75	0.00	-167.25	50.75

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Amount Due

239.75



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281-694-5986

MOHAMMED F. AKHTAR
16302 EL CAMINO REAL APT 2921
HOUSTON, TX 77062-5214

(832)348-9428

Statement Date	Invoice Number	Page
02/10/2025	CLS AKHMO000	1
Guarantor	Due Date	Payment Due
MOHAMMED F.	Upon Receipt	300.29

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: 7/5/2024			Amount of Last Payment: -10.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MOHAMMED F. AKHTAR		MAHMOOD DWEIK MD	AKHMO000	CLS HEALTH	12/13/1955		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BRIGHT		
09/06/22	95810	Polysom 6/> yrs 4/> param	1,918.0	-5.00	-558.33	-1,220.09	134.58
10/03/22	95811	Polysom 6/>yrs cpap 4/> parm	2,002.0	-5.00	-582.85	-1,273.44	140.71
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MOHAMMED F. AKHTAR		JAYME L. DURBIN FNP-C	AKHMO000	CLS HEALTH	12/13/1955		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
10/06/23	99999	NO SHOW	25.00		0.00		25.00

Have a question about your balance, or need to update your insurance information with us?
Call 281-694-5986
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Amount Due
300.29



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

MUMTAZ AKHTAR
11210 SIAMESE LN
SUGAR LAND, TX 77478-6359

(832)573-0915

Statement Date	Invoice Number	Page
02/10/2025	CLS AKHMU000	1
Guarantor	Due Date	Payment Due
MUMTAZ AKHTAR	Upon Receipt	65.04

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Webster, TX 77598

Date of Last Payment: 5/23/2023		Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MUMTAZ AKHTAR	ZEID F. KARADSHEH MD	AKHMU000	BAY AREA	09/12/1951		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder
04/04/23	45385	Colonoscopy w/lesion removal	761.00	-195.12	-500.84	65.04

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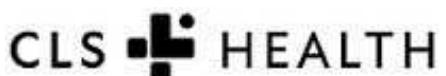
Call 281-694-5986

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

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Amount Due

65.04



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

ASHLEY L. AKIN
16807 FALLEN LEAF WAY
HOUSTON, TX 77058-233

(832)915-8135

Statement Date	Invoice Number	Page
02/10/2025	CLS AKIAS000	1
Guarantor	Due Date	Payment Due
ASHLEY L. AKIN	Upon Receipt	25.00

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or scan the QR Code



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PO BOX 58538
Webster, TX 77598

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ASHLEY L. AKIN		SUNIL U. THOMAS MD	AKIAS000	CLS HEALTH	12/30/1974
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by EVERCARE
01/23/24	99999	NO SHOW	25.00		0.00
			Paid by TMHP		Adjustments Remainder
				0.00	25.00

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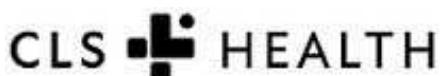
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Amount Due

25.00



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Webster, TX 77598
281-694-5986

GBADEBO A. AKISANYA
3350 MCCUE RD APT 702
HOUSTON, TX 77056-7120

(478)388-4368

Statement Date	Invoice Number	Page
02/10/2025	CLS AKIGB000	1
Guarantor	Due Date	Payment Due
GBADEBO A.	Upon Receipt	224.67

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Webster, TX 77598

Date of Last Payment:	1/27/2023	Amount of Last Payment:	-45.48	
Patient: GBADEBO A. AKISANYA	Rendering Physician: NISARG PATEL MD	Chart Number: AKIGB000	Place of Service: HCA	Date of Birth: 07/26/1951

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
10/22/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-144.11	74.89
10/23/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-144.11	74.89
11/12/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-144.11	74.89

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

224.67



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

TATYANNIA M. AKINS
1111 SUNSET LAKES DR
PEARLAND, TX 77581-6798

(253)304-9937

Statement Date	Invoice Number	Page
02/10/2025	CLS AKITA000	1
Guarantor	Due Date	Payment Due
TATYANNIA M.	Upon Receipt	25.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: **4/1/2022**

Amount of Last Payment: **-1,285.03**

Patient: TATYANNIA M. AKINS	Rendering Physician: RAZI M. RASHID MD	Chart Number: AKITA000	Place of Service: CLS HEALTH	Date of Birth: 02/14/1978
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/24/21	99999	NO SHOW		25.00		0.00	25.00

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

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Amount Due

25.00



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

VINCENT C. AKORAH
15211 PARK ROW APT 527
HOUSTON, TX 77084-4142

(713)808-5445

Statement Date	Invoice Number	Page
02/10/2025	CLS AKOVI000	1
Guarantor	Due Date	Payment Due
VINCENT C.	Upon Receipt	17.19

Pay Online

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or scan the QR Code



Make Checks Payable To:

CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: **6/7/2024**

Amount of Last Payment: **-85.63**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
VINCENT C. AKORAH	MAZEN NOUREDDIN MD	AKOVI000	CLS HEALTH	01/22/1972			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
03/26/24	76981	Use parenchyma	311.00		-68.76	-225.05	17.19

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

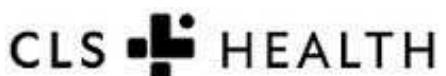
Call 281-694-5986

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

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

Amount Due

17.19



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

ROCHELLE O. AKPAFFIONG
23630 RIMINI CT
RICHMOND, TX 77406-5192

(281)433-6436

Statement Date	Invoice Number	Page
02/10/2025	CLS AKPRO000	1
Guarantor	Due Date	Payment Due
ROCHELLE O.	Upon Receipt	12.12

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:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ROCHELLE O.		AKPRO000	UTMB	04/17/1984	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
05/01/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-12.12	-48.48
					Adjustments Remainder -160.40 12.12

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

12.12



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

UZMA AKRAM
1216 MARTINEZ CT
FRIENDSWOOD, TX 77546-4332

(678)702-6954

Statement Date	Invoice Number	Page
02/10/2025	CLS AKRUZ000	1
Guarantor	Due Date	Payment Due
UZMA AKRAM	Upon Receipt	1394.76

Pay Online

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or scan the QR Code



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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 8/27/2024					Amount of Last Payment: -50.12		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
UZMA AKRAM	MOHAMMAD J. BABA MD	AKRUZ000	CLS HEALTH	01/07/1965			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments Remainder
03/05/21	76700	Us exam abdom complete		384.00	-50.00	-108.83	0.00
							-275.17 58.83
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
UZMA AKRAM	MAHMOOD DWEIK MD	AKRUZ000	CLS HEALTH	01/07/1965			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments Remainder
10/22/21	95810	Polysom 6/> yrs 4/> param		1,939.0	-5.00	-646.28	0.00
11/20/21	95811	Polysom 6/> yrs cpap 4/> parm	26	393.00	-5.00	-129.48	0.00
11/20/21	95811	Polysom 6/> yrs cpap 4/> parm	TC	1,590.0		-545.17	0.00
							-1,292.72 641.28
							-263.52 124.48
							-1,044.83 545.17
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
UZMA AKRAM	JACQUELINE M. WEGGE MD	AKRUZ000	CLS HEALTH	01/07/1965			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BRIGHT	Adjustments Remainder
09/11/23	99999	NO SHOW		25.00		0.00	25.00

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RAHIMA AKTER
15226 HARNESS LN
WEBSTER, TX 77598-1804

(832)848-3051

Statement Date	Invoice Number	Page
02/10/2025	CLS AKTRA000	1
Guarantor	Due Date	Payment Due
RAHIMA AKTER	Upon Receipt	145.74

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Date of Last Payment: 11/19/2024

Amount of Last Payment: -101.93

Patient: RAHIMA AKTER	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AKTRA000	Place of Service: CLS HEALTH	Date of Birth: 05/01/1969
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
01/08/21	99999	NO SHOW		25.00		0.00		25.00

Patient: RAHIMA AKTER	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AKTRA000	Place of Service: CLS HEALTH	Date of Birth: 05/01/1969
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Reminder
09/22/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-44.87	-78.09	-452.44	-11.40

Patient: RAHIMA AKTER	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AKTRA000	Place of Service: CLS HEALTH	Date of Birth: 05/01/1969
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Friday	Adjustments	Reminder
01/21/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-14.96	-194.30	-347.11	6.63
05/23/22	99999	NO SHOW		25.00		0.00		25.00
08/10/22	99999	NO SHOW		25.00		0.00		25.00
09/09/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-14.96	-194.30	-347.11	6.63

Patient: RAHIMA AKTER	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: AKTRA000	Place of Service: CLS HEALTH	Date of Birth: 05/01/1969
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Friday	Adjustments	Reminder	
10/31/22	97032	Electrical stimulation	GP	46.00	-10.00	-1.68	-15.14	-29.18	-8.32

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Statement Date	Invoice Number	Page
02/10/2025	CLS AKTRA000	2
Guarantor	Due Date	Payment Due
RAHIMA AKTER	Upon Receipt	145.74

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10/31/22	97110	Therapeutic exercises	GP	93.00	-3.40	-30.63	-58.97	3.40	
10/31/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
10/31/22	97162	Pt eval mod complex 30 min	GP	316.00	-11.58	-104.20	-200.22	11.58	
11/04/22	97032	Electrical stimulation	GP	46.00	-1.68	-15.14	-29.18	1.68	
11/04/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
11/04/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
11/09/22	97032	Electrical stimulation	GP	46.00	-10.00	-1.68	-15.14	-29.18	-8.32
11/09/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
11/09/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
11/15/22	97032	Electrical stimulation	GP	46.00	-10.00	-1.68	-15.14	-29.18	-8.32
11/15/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
11/15/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
11/18/22	97032	Electrical stimulation	GP	46.00	-10.00	-1.68	-15.14	-29.18	-8.32
11/18/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
11/18/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
12/12/22	97032	Electrical stimulation	GP	46.00	-1.68	-15.14	-29.18	1.68	
12/12/22	97110	Therapeutic exercises	GP	93.00	-3.40	-30.63	-58.97	3.40	
12/12/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
12/12/22	97164	Pt re-eval est plan care	GP	218.00	-7.98	-71.85	-138.17	7.98	
12/14/22	97032	Electrical stimulation	GP	46.00	-20.00	-1.68	-15.14	-29.18	-18.32
12/14/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
12/14/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
12/15/22	97032	Electrical stimulation	GP	46.00	-15.00	-1.68	-15.14	-29.18	-13.32
12/15/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
12/15/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
12/22/22	97032	Electrical stimulation	GP	46.00	-10.00	-1.68	-15.14	-29.18	-8.32
12/22/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	
12/22/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30	
12/27/22	97032	Electrical stimulation	GP	46.00	-5.00	-15.14	-29.18	-3.32	
12/27/22	97110	Therapeutic exercises	GP	186.00	-6.81	-61.25	-117.94	6.81	

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RAHIMA AKTER
15226 HARNESS LN
WEBSTER, TX 77598-1804

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Statement Date	Invoice Number	Page
02/10/2025	CLS AKTRA000	3
Guarantor	Due Date	Payment Due
RAHIMA AKTER	Upon Receipt	145.74

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12/27/22	97530	Therapeutic activities	GP	117.00	-4.30	-38.74	-73.96	4.30
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Patient: RAHIMA AKTER	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AKTRA000	Place of Service: CLS HEALTH	Date of Birth: 05/01/1969
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
01/17/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-44.87	-78.09	-428.44	-11.40

Patient: RAHIMA AKTER	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: AKTRA000	Place of Service: CLS HEALTH	Date of Birth: 05/01/1969
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
01/18/23	97032	Electrical stimulation	GP	44.00		-7.18	-33.75	3.07
01/18/23	97110	Therapeutic exercises	GP	89.00		-14.86	-67.77	6.37
01/18/23	97530	Therapeutic activities	GP	112.00		-19.30	-84.43	8.27
01/18/23	97164	Pt re-eval est plan care	GP	211.00		-27.84	-171.23	11.93

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Samira AKTER
14906 HOLLYDALE DR
HOUSTON, TX 77062-2907

(281)372-9963

Statement Date	Invoice Number	Page
02/10/2025	CLS AKTSA000	1
Guarantor	Due Date	Payment Due
Samira AKTER	Upon Receipt	188.14

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Date of Last Payment: 7/24/2024	Amount of Last Payment: -318.48
---------------------------------	---------------------------------

Patient: Samira AKTER	Rendering Physician: NISARG PATEL MD	Chart Number: AKTSA000	Place of Service: CLS HEALTH	Date of Birth: 07/24/1989
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/02/24	87801	Detect agnt mult dna ampli		633.00		-86.87	-517.17	28.96
05/02/24	87640	Staph a dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24	87651	Strep a dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24	87641	MR-staph dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24	87500	Vancomycin dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24	87798	Detect agent nos dna amp	59	1,365.0		-188.17	-1,114.11	62.72
05/02/24	87653	Strep b dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24	87481	Candida dna amp probe	59	105.00		-14.48	-85.70	4.82
05/16/24	87500	Vancomycin dna amp probe	59	105.00		-14.48	-85.70	4.82
05/16/24	87798	Detect agent nos dna amp	59	1,365.0		-188.17	-1,114.11	62.72

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AZUBUIK G. AKUBUEZE
13718 ORTEGA LN
HOUSTON, TX 77083-3454

(832)433-8123

Statement Date	Invoice Number	Page
02/10/2025	CLS AKUAZ000	1
Guarantor	Due Date	Payment Due
AZUBUIK G.	Upon Receipt	568.88

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Date of Last Payment: 12/20/2023

Amount of Last Payment: 0.00

Patient: AZUBUIK G. AKUBUEZE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AKUAZ000	Place of Service: CLS HEALTH	Date of Birth: 08/24/1968
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder	
				Modifier	Charge	Patient Deductible	BLUE		
11/01/23	99204	OFFICE VIST NEW LEVEL 4	Q6	503.00	-40.00	-160.20	0.00	463.00	
12/07/23	99214	OFFICE VISIT EST/LEVEL 4	Q6	385.00	-40.00	-105.88	0.00	-279.12	65.88

Patient: AZUBUIK G. AKUBUEZE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AKUAZ000	Place of Service: CLS HEALTH	Date of Birth: 08/24/1968
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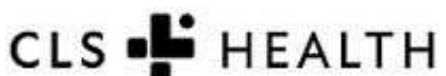
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder
				Modifier	Charge	Patient Deductible	BLUE	
01/02/24	99999	NO SHOW	Q6	40.00			0.00	40.00

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ALAHA AL TAWEEEL
515 1ST ST APT 316
GALVESTON, TX 77550-5757

(832)343-5553

Statement Date	Invoice Number	Page
02/10/2025	CLS AL0AL000	1
Guarantor	Due Date	Payment Due
ALAHA AL	Upon Receipt	30.44

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Date of Last Payment: 8/10/2023		Amount of Last Payment: -146.63		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALAHA AL TAWEEEL	MAAMOUN A. HARMOUCH	AL0AL000	CLEAR LAKE	09/23/1991
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
			BLUE	
11/15/21	46080	INCISION OF ANAL SPHINCTER	495.00	-30.44 -121.76
				-342.80 30.44

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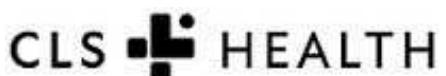
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Amount Due

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ARISDELCI ALATORRE SARMIENTO
12506 ADIRONDACK DR
HOUSTON, TX 77089-6502

(346)302-9832

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAAR000	1
Guarantor	Due Date	Payment Due
ARISDELCI	Upon Receipt	318.59

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Date of Last Payment:	Amount of Last Payment:
Patient: ARISDELCI ALATORRE	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/22/21	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-400.77
11/23/21	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-213.64

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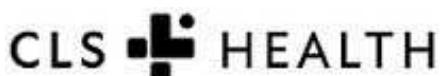
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318.59



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CARMEN ALAMIRRA
11319 SAGeway DR
HOUSTON, TX 77089-4748

(281)435-1622

Statement Date	Invoice Number	Page
02/10/2025	CLS ALACA000	1
Guarantor	Due Date	Payment Due
CARMEN	Upon Receipt	25.00

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Date of Last Payment: 11/7/2023		Amount of Last Payment: -27.57		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CARMEN ALAMIRRA	MAGDY ATTIA PT	ALACA000	CLS HEALTH	07/16/1967
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
10/18/23	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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CHRISTOPHER ALAS
1243 BAY AREA BLVD APT 2407
HOUSTON, TX 77058-2522

(512)699-4353

Statement Date	Invoice Number	Page
02/10/2025	CLS ALACH000	1
Guarantor	Due Date	Payment Due
CHRISTOPHER	Upon Receipt	177.65

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Date of Last Payment: 10/14/2024

Amount of Last Payment: -16.41

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTOPHER ALAS	ROHIT R. DHIR MD	ALACH000	CLS HEALTH	07/12/1976

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	AARP	
01/07/21	99992	NO SHOW		50.00	-27.35	0.00		22.65
07/14/21	99992	NO SHOW		50.00		0.00		50.00
07/20/21	99992	NO SHOW		50.00		0.00		50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTOPHER ALAS	ROHIT R. DHIR MD	ALACH000	CLS HEALTH	07/12/1976

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	WELLMED	
09/16/24	99214	OFFICE VISIT EST/LEVEL 4		387.00		-79.52		-257.48 50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTOPHER ALAS	ROHIT R. DHIR MD	ALACH000	CLS HEALTH	07/12/1976

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	WELLMED	
01/31/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00	-10.00	-126.42		-260.58 -10.00
06/05/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00	-10.00	-128.52		-258.48 -10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTOPHER ALAS	ZEID F. KARADSHEH MD	ALACH000	CLS HEALTH	07/12/1976

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	WELLMED	
12/20/23	99999	NO SHOW		25.00		0.00		25.00

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CHRISTOPHER ALAS
1243 BAY AREA BLVD APT 2407
HOUSTON, TX 77058-2522

(512)699-4353

Statement Date	Invoice Number	Page
02/10/2025	CLS ALACH000	2
Guarantor	Due Date	Payment Due
CHRISTOPHER	Upon Receipt	177.65

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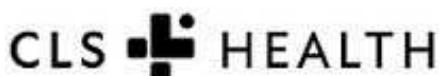
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DALYA ALAKHRAS
11400 SPACE CENTER BLVD
APT 7203
HOUSTON, TX 77059-3622
(832)606-5167

Statement Date	Invoice Number	Page
02/10/2025	CLS ALADA000	1
Guarantor	Due Date	Payment Due
DALYA	Upon Receipt	35.00

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Date of Last Payment:		Amount of Last Payment:		-23.29		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
DALYA ALAKHRAS	RAZI M. RASHID MD	ALADA000	CLS HEALTH	08/11/1987		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder
10/05/23	99212	OFFICE VISIT EST/LEVEL 2	171.00	-23.29	-112.71	35.00

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ELIZABETH ALANIS
11518 STAGELINK
HOUSTON, TX 77089-4432

(832)985-8313

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAEL001	1
Guarantor	Due Date	Payment Due
ELIZABETH	Upon Receipt	34.81

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Date of Last Payment: 4/19/2023	Amount of Last Payment: -0.07
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Patient: ELIZABETH ALANIS	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALAELO01	Place of Service: CLS HEALTH	Date of Birth: 04/14/1969
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Dates	Procedure	Description	Paid By	Applied to	Paid by BRIGHT	Adjustments		Remainder
			Modifier	Charge				
11/21/22	94060	Evaluation of wheezing		123.00		-35.62		-78.47 8.91
11/21/22	94726	Pulm funct tst plethysmograp		172.00		-49.84		-109.70 12.46
11/21/22	94729	Co/membrane diffuse capacity		185.00		-53.74		-117.82 13.44

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281-694-5986

KHALIL H. ALASFAR
4310 ARBORETUM DR
PASADENA, TX 77505-3929

(412)722-7354

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAKH000	1
Guarantor	Due Date	Payment Due
KHALIL H.	Upon Receipt	1010.49

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Date of Last Payment:	2/10/2024	Amount of Last Payment:	-418.30	
Patient: KHALIL H. ALASFAR	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALAKH000	Place of Service: CLS HEALTH	Date of Birth: 05/11/1995

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	ENTRUST		
09/05/23	99204	OFFICE VIST NEW LEVEL 4		503.00		-185.80	-277.20	40.00
11/30/23	30469	Rpr nsl vlv collapse w/rmdlg		7,809.0		-2,707.13	-4,425.09	676.78
11/30/23	30117	Removal of intranasal lesion		2,094.0		-1,055.39	-774.76	263.85
11/30/23	30801	Ablate inf turbinate superf		689.00		-119.43	-539.71	29.86

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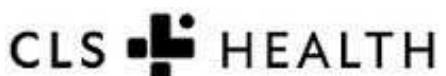
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Amount Due

1,010.49



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281-694-5986

LAWRENCE ALAWAR
3619 PARSLEY LN
DICKINSON, TX 77539-5260

(409)256-5590

Statement Date	Invoice Number	Page
02/10/2025	CLS ALALA000	1
Guarantor	Due Date	Payment Due
LAWRENCE	Upon Receipt	220.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LAWRENCE ALAWAR	EMRAN ABU ATHERAH MD	ALALA000	UTMB	11/13/1993			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
09/16/21	99236	Hosp/Obs - Admit/Disch Same Day Level	660.00		0.00	-440.00	220.00

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220.00



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MARTHA L. ALANIS
910 AVENUE G
SOUTH HOUSTON, TX 77587-4345

(832)215-9679

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMA000	1
Guarantor	Due Date	Payment Due
MARTHA L.	Upon Receipt	33.73

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Date of Last Payment: 12/26/2024					Amount of Last Payment: -84.80					
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:		
MARTHA L. ALANIS		ABDELNASER ELKHALILI MD		ALAMA000		CLS HEALTH		10/18/1974		
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments		
					Patient	Deductible	MOLINA	Remainder		
03/02/21	99205	OFFICE VIST NEW LEVEL 5		690.00	-10.00		-174.09	-515.91	-10.00	
Patient:					Place of Service:					
MARTHA L. ALANIS		AHMED A. MORSY MD		ALAMA000		CLS HEALTH		10/18/1974		
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments		
					Patient	Deductible	BLUE	Remainder		
06/19/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-59.83		-66.94	-428.44	-15.21	
Patient:					Place of Service:					
MARTHA L. ALANIS		AHMED A. MORSY MD		ALAMA000		CLS HEALTH		10/18/1974		
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Paid by		
					Patient	Deductible	BLUE	Cimzia		
07/06/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-59.86		-34.12	0	-215.13	-37.11
07/06/23	96401	Chemo anti-neopl sq/im		438.00			-82.82	0	-299.97	55.21
11/02/23	99999	NO SHOW		25.00			0.00	0		25.00
01/04/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-149.57	-109.29	-1.36	0	-434.44	-39.37
01/04/24	96401	Chemo anti-neopl sq/im		428.00			-82.82	0	-289.97	55.21

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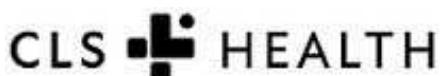
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Amount Due

33.73



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MARY R. ALANIZ
7924 HUDSON ST
HOUSTON, TX 77012-1644

(832)287-1992

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMA001	1
Guarantor	Due Date	Payment Due
MARY R. ALANIZ	Upon Receipt	212.83

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Date of Last Payment:	Amount of Last Payment:
Patient: MARY R. ALANIZ	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SELPAY		
02/21/22	36556	Insert non-tunnel cv cath	LT	261.00		0.00	-174.17	86.83
02/21/22	99254	HOSPITAL CONSULT, LEVEL 4	25	377.00		0.00	-251.00	126.00

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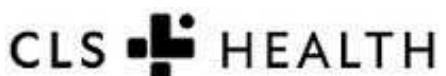
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Amount Due

212.83



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281-694-5986

MARGARET ALANIZ
905 BONNIE ST APT C
SOUTH HOUSTON, TX 77587-3515

(281)928-7481

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMA004	1
Guarantor	Due Date	Payment Due
MARGARET	Upon Receipt	24.88

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Date of Last Payment:	8/8/2023	Amount of Last Payment:	0.00
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Patient: MARGARET ALANIZ	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALAMA004	Place of Service: CLS HEALTH	Date of Birth: 01/03/1964
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/12/23	20610	Drain/inj joint/bursa w/o us	RT	197.00	-50.40	-129.80	16.80
07/12/23	J3301	Triamcinolone acet inj nos		24.00	0.00	-15.92	8.08

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MARIA C. ALARDIN
12029 ALDINE WESTFIELD RD
HOUSTON, TX 77093-1076

(832)752-1835

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMA005	1
Guarantor	Due Date	Payment Due
MARIA C.	Upon Receipt	429.77

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Date of Last Payment: 12/9/2024	Amount of Last Payment: -17.55
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Patient: MARIA C. ALARDIN	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ALAMA005	Place of Service: CLS HEALTH	Date of Birth: 11/16/1965
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
10/10/23	51798	Us urine capacity measure		32.00	-10.51	0.00	-21.49	10.51

Patient: MARIA C. ALARDIN	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ALAMA005	Place of Service: CLS HEALTH	Date of Birth: 11/16/1965
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
01/03/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00	-118.88	-188.06	-445.94	-83.88
01/03/24	51741	Electro-uroflowmetry first		44.00	-	-6.93 0.00	-37.07	6.93
03/27/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-55.00	-146.94	-364.06	-20.00
03/27/24	51798	Us urine capacity measure		34.00	-	-10.73 0.00	-23.27	10.73
03/27/24	81003	Urinalysis auto w/o scope	QW	7.00	-	0.00	-5.87	1.13
04/10/24	51729	CYSTOMETRYGRAM W/VP&UP		1,148.0	-35.00	-369.67 0.00	-778.33	334.67
04/10/24	51784	Anal/urinary muscle study		194.00	-	-20.31	-162.75	10.94
04/10/24	51797	INTRAABDOMINAL PRESSURE TEST		563.00	-	-144.93 -23.54	-381.85	157.61
04/10/24	81003	Urinalysis auto w/o scope	QW	7.00	-	0.00	-5.87	1.13

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MD S. ALAM
4113 OAK POINT DR
PEARLAND, TX 77581-5424

(713)340-9072

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMD000	1
Guarantor	Due Date	Payment Due
MD S. ALAM	Upon Receipt	6.92

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Date of Last Payment:	6/8/2023	Amount of Last Payment:	-184.42
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MD S. ALAM	REGINA PILLAI MD	ALAMD000	CLS HEALTH	03/07/1959

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
03/21/22	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-34.96		-195.89	-347.11	-14.96
05/13/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-20.00		-215.89	-347.11	-20.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MD S. ALAM	REGINA PILLAI MD	ALAMD000	CLS HEALTH	03/07/1959

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/14/22	94060	Evaluation of wheezing		123.00			-42.31	-75.99	4.70
02/14/22	94726	Pulm funct tst plethysmograp		172.00			-59.22	-106.20	6.58
02/14/22	94729	Co/membrane diffuse capacity		185.00			-63.69	-114.23	7.08
02/14/22	J7613	Albuterol non-comp unit		2.00			-0.75	-1.17	0.08
03/21/22	94060	Evaluation of wheezing		123.00			-42.31	-75.99	4.70
03/21/22	94726	Pulm funct tst plethysmograp		172.00			-59.22	-106.20	6.58
03/21/22	94729	Co/membrane diffuse capacity		185.00			-63.69	-114.23	7.08
03/21/22	J7613	Albuterol non-comp unit		2.00			-0.75	-1.17	0.08

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MD S. ALAM	REGINA R. PILLAI MD	ALAMD000	CLS HEALTH	03/07/1959

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
03/16/22	71046	X-rayexam chest 2 views		107.00	-20.00		-15.87	-66.13	5.00

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MICHAEL ALANIS
14503 8TH ST
SANTA FE, TX 77517-4045

(832)266-7080

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAMI000	1
Guarantor	Due Date	Payment Due
MICHAEL ALANIS	Upon Receipt	457.17

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Date of Last Payment:			Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MICHAEL ALANIS	REMY TEQWIMUAH MD	ALAMI000	UTMB	11/14/1988		
<hr/>						
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY	Adjustments Remainder
11/05/22	99232	HOSPITAL , SUBSEQUENT, MOD	219.00		0.00	-145.95 73.05
11/06/22	99232	HOSPITAL , SUBSEQUENT, MOD	219.00		0.00	-145.95 73.05
11/07/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-216.08 107.92
<hr/>						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MICHAEL ALANIS	EMRAN ABU ATHERAH MD	ALAMI000	UTMB	11/14/1988		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY	Adjustments Remainder
11/04/22	99223	INITIAL HOSPITAL/HIGH	609.00		0.00	-405.85 203.15

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALAOM000	1
Guarantor	Due Date	Payment Due
OMAR AL ANSARI	Upon Receipt	407.03

OMAR AL ANSARI

TEXAS CITY, TX 77590

(409)123-4565

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Date of Last Payment:	Amount of Last Payment:
Patient: OMAR AL ANSARI	Rendering Physician: MOUSTAFA M. AHMED MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder
				Charge	Patient Deductible	CASH		
01/09/24	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00		0.00		374.00
01/09/24	94760	Measure blood oxygen level		8.00		0.00		8.00
01/09/24	G9903	Pt scrn tbco id as non user		0.01		0.00		0.01
01/09/24	G8427	Doctrev cur meds by elig clin		0.01		0.00		0.01
01/09/24	G8420	Calc bmi norm parameters		0.01		0.00		0.01
01/22/24	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

407.03



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281-694-5986

PAMELA J. ALANA
PO BOX 3023
ALVIN, TX 77512-3023

(281)948-1735

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAPA000	1
Guarantor	Due Date	Payment Due
PAMELA J.	Upon Receipt	1928.76

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Date of Last Payment: 4/11/2022			Amount of Last Payment: 0.00		
Patient: PAMELA J. ALANA	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALAPA000	Place of Service: UTMB	Date of Birth: 01/06/1963	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Remainder
06/24/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82

Patient: PAMELA J. ALANA	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: ALAPA000	Place of Service: UTMB	Date of Birth: 01/06/1963
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
06/26/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
06/27/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
06/28/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00

Patient: PAMELA J. ALANA	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ALAPA000	Place of Service: UTMB	Date of Birth: 01/06/1963
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
06/24/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.00	290.00
06/25/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.00	290.00
06/29/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-218.00	109.00

Patient: PAMELA J. ALANA	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALAPA000	Place of Service: UTMB	Date of Birth: 01/06/1963
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder

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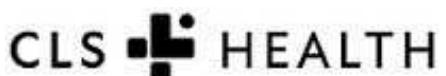
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PAMELA J. ALANA
PO BOX 3023
ALVIN, TX 77512-3023

(281)948-1735

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAPA000	2
Guarantor	Due Date	Payment Due
PAMELA J.	Upon Receipt	1928.76

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11/18/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
11/19/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
11/20/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86

Patient: PAMELA J. ALANA	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALAPA000	Place of Service: UTMB	Date of Birth: 01/06/1963
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/17/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.76 205.24

Patient: PAMELA J. ALANA	Rendering Physician: NISARG PATEL MD	Chart Number: ALAPA000	Place of Service: UTMB	Date of Birth: 01/06/1963
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/21/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-217.88 109.12

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1,928.76



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RICARDO ALANIZ
119 E DUMBLE ST
ALVIN, TX 77511-3510

(832)435-2910

Statement Date	Invoice Number	Page
02/10/2025	CLS ALARI000	1
Guarantor	Due Date	Payment Due
RICARDO ALANIZ	Upon Receipt	1804.74

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Date of Last Payment: 4/15/2021	Amount of Last Payment: -101.91
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Patient: RICARDO ALANIZ	Rendering Physician: CHARMAINE A. ENERIO	Chart Number: ALARI000	Place of Service: TRIUMPH/KIND	Date of Birth: 04/15/1973
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
02/26/21	99254	HOSPITAL CONSULT, LEVEL 4		377.00	-128.66	0.00	-248.34	128.66
02/27/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
02/28/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
03/01/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
03/02/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
03/03/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
03/04/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
03/05/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-60.60	0.00	-160.40	60.60
03/08/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-30.30	-30.30	-160.40	30.30
03/09/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-30.30	-30.30	-160.40	30.30
03/10/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-30.30	-30.30	-160.40	30.30
03/11/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-30.30	-30.30	-160.40	30.30
03/12/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-30.30	-30.30	-160.40	30.30

Patient: RICARDO ALANIZ	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ALARI000	Place of Service: TRIUMPH/KIND	Date of Birth: 04/15/1973
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
02/26/21	99223	INITIAL HOSPITAL/HIGH	25	616.00	-132.42	-65.83	-417.75	132.42
02/26/21	G8427	Docevcur meds by elig clin		0.01		0.00		0.01
02/27/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-50.95	-50.96	-216.09	50.95
02/28/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-50.95	-50.96	-216.09	50.95
03/01/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-101.91	0.00	-216.09	101.91

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RICARDO ALANIZ
119 E DUMBLE ST
ALVIN, TX 77511-3510

(832)435-2910

Statement Date	Invoice Number	Page
02/10/2025	CLS ALARI000	2
Guarantor	Due Date	Payment Due
RICARDO ALANIZ	Upon Receipt	1804.74

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03/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	-101.91	0.00	-216.09	101.91
03/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	-101.91	0.00	-216.09	101.91
03/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	-101.91	0.00	-216.09	101.91
03/05/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	-101.91	0.00	-216.09	101.91
03/06/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-71.30	0.00	-149.70	71.30
03/07/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-71.30	0.00	-149.70	71.30
03/08/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-71.30	0.00	-149.70	71.30
03/09/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-71.30	0.00	-149.70	71.30
03/10/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	-71.30	0.00	-149.70	71.30

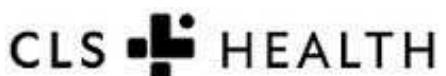
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ROBERT ALANIZ
955 MICHAEL DR
PASADENA, TX 77506-5012

(832)987-8204

Statement Date	Invoice Number	Page
02/10/2025	CLS ALARO000	1
Guarantor	Due Date	Payment Due
ROBERT ALANIZ	Upon Receipt	91.00

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Date of Last Payment: 11/30/2021

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
ROBERT ALANIZ	ALI EZZO MD	ALARO000	CLEAR LAKE	12/05/1967				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
07/30/21	99253	HOSPITAL CONSULT, INITIAL LEVEL		273.00		0.00	-182.00	91.00

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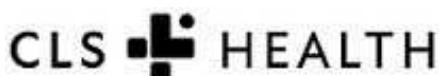
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SALMA AL ASBAHI
2120 EL PASEO ST
HOUSTON, TX 77054-3241

(832)659-9696

Statement Date	Invoice Number	Page
02/10/2025	CLS ALASA000	1
Guarantor	Due Date	Payment Due
SALMA AL	Upon Receipt	509.41

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Date of Last Payment:	4/23/2024	Amount of Last Payment:	-78.59	
Patient: SALMA AL ASBAHI	Rendering Physician: LOUAY ZEID MD	Chart Number: ALASA000	Place of Service: CLS HEALTH	Date of Birth: 12/19/1993

Dates	Procedure	Description	Paid By		Paid by CASH	Adjustments	Reminder
			Modifier	Charge			
04/23/24	57454	Bx/curett of cervix w/scope		521.00	-55.89	0.00	465.11
04/23/24	99459	Pelvic examination		67.00	-22.70	0.00	44.30

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VICTORIA T. ALADESAE
14114 HARMONY RIDGE TRL
PEARLAND, TX 77584-5290

(281)854-9490

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAVI000	1
Guarantor	Due Date	Payment Due
VICTORIA T.	Upon Receipt	349.82

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Date of Last Payment: 5/23/2024					Amount of Last Payment: -3.14			
Patient: VICTORIA T. ALADESAE		Rendering Physician: VENKATA K. JONNA MD		Chart Number: ALAVI000	Place of Service: CLS HEALTH	Date of Birth: 12/09/1952		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
03/20/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-38.26	-80.89	-417.11	-33.26
06/27/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.96	-60.80	-319.20	-21.96
06/27/23	20610	Drain/inj joint/bursa w/o us	LT	197.00	-2.09	-252.00	71.80	14.71
Patient: VICTORIA T. ALADESAE					Chart Number: ALAVI000	Place of Service: CLS HEALTH	Date of Birth: 12/09/1952	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
03/05/24	73551	X-rayexam of femur 1		88.00		-17.53	-64.62	5.85
03/05/24	73565	X-rayexam of knees		119.00		-23.84	-87.21	7.95
04/09/24	73562	X-rayexam of knee 3		122.00		-24.84	-88.88	8.28
Patient: VICTORIA T. ALADESAE					Chart Number: ALAVI000	Place of Service: CLEAR LAKE	Date of Birth: 12/09/1952	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
03/28/24	27447	Total knee arthroplasty	LT	3,981.0		-945.56	-2,720.25	315.19
Patient: VICTORIA T. ALADESAE					Chart Number: ALAVI000	Place of Service: CLEAR LAKE	Date of Birth: 12/09/1952	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder

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VICTORIA T. ALADESAE
14114 HARMONY RIDGE TRL
PEARLAND, TX 77584-5290

(281)854-9490

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAVI000	2
Guarantor	Due Date	Payment Due
VICTORIA T.	Upon Receipt	349.82

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03/28/24 99236 HOSP IP/OBS SAME DATE HI 85 626.00 -159.17 -413.77 53.06

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VILMA E. ALARCON KRUMNOW
7911 CAPTAIN DR
HOUSTON, TX 77036-6905

(832)474-5043

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAVI001	1
Guarantor	Due Date	Payment Due
VILMA E.	Upon Receipt	10.00

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Date of Last Payment: 3/27/2024		Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
VILMA E. ALARCON	MOHAMED A. KHALIL MD	ALAVI001		08/09/1954				
Paid By Applied to Paid by								
Dates	Procedure	Description	Modifier Charge	Patient Deductible	MEMORIA	Adjustments	Remainder	
02/20/24	95885	MUSC TST DONE W/NERV TST LIM	Q6	183.00	-15.00	-38.04	-119.96	10.00

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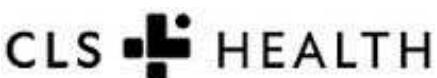
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YAZAN Z. ALAHMAD
3300 PEBBLEBROOK DR APT 28
SEABROOK, TX 77586-6049

(832)564-9197

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAYA000	1
Guarantor	Due Date	Payment Due
YAZAN Z.	Upon Receipt	578.48

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Date of Last Payment: 12/11/2024	Amount of Last Payment: -10.00
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Patient: YAZAN Z. ALAHMAD	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALAYA000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1986
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Reminder
04/22/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-63.90	-48.97	-114.26	-333.77	-14.93
10/05/22	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-45.00		-78.09	-451.44	-11.53
10/29/23	94660	Pos airway pressure cpap		191.00			-39.04	-135.23	16.73
10/30/23	99215	OFFICE VISIT EST/LEVEL 5		540.00			-78.09	-428.44	33.47

Patient: YAZAN Z. ALAHMAD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALAYA000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1986
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Reminder
12/05/22	99991	NO SHOW		150.00			0.00		150.00
12/01/22	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00			-93.73	-240.10	40.17
12/22/22	64493	Inj paravert f jnt l/s 1 lev	50	534.00			-185.78	-301.78	46.44
12/22/22	64494	Inj paravert f jnt l/s 2 lev	50	274.00			-125.62	-116.98	31.40
12/22/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			-0.64	-0.08	0.28
01/06/23	64493	Inj paravert f jnt l/s 1 lev	50	534.00			-185.78	-301.78	46.44
01/06/23	64494	Inj paravert f jnt l/s 2 lev	50	274.00			-125.62	-116.98	31.40
01/06/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			-0.64	-0.08	0.28

Patient: YAZAN Z. ALAHMAD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALAYA000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1986
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Reminder
12/01/22	G0483	Drug test def 22+ classes		741.00			-108.65	-605.19	27.16

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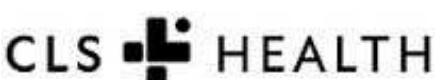
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Amount Due

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YAZAN Z. ALAHMAD
3300 PEBBLEBROOK DR APT 28
SEABROOK, TX 77586-6049

(832)564-9197

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAYA000	2
Guarantor	Due Date	Payment Due
YAZAN Z.	Upon Receipt	578.48

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12/01/22	80307	Drug test prsmv chem anlyzr	186.00	-28.45	-150.44	7.11
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Patient: YAZAN Z. ALAHMAD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALAYA000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1986
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder	
12/29/22	99214	OFFICE VISIT EST/LEVEL 4	95	385.00			BLUE	-58.28	-301.74	24.98

Patient: YAZAN Z. ALAHMAD	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ALAYA000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1986
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
12/28/22	99999	NO SHOW		25.00			BLUE	0.00	25.00

Patient: YAZAN Z. ALAHMAD	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: ALAYA000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1986
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder	
09/07/24	87635	Sars-cov-2 covid-19 amp prb		154.00			BLUE	-38.48	-102.69	12.83
09/07/24	87633	RESP VIRUS 12-25 TARGETS		1,250.0			BLUE	-58.84	-1,171.55	19.61
09/07/24	87581	M.PNEUMON, DNA, AMP PROBE		105.00			BLUE	-14.48	-85.70	4.82
09/07/24	87651	Strep dna amp probe		105.00			BLUE	-14.48	-85.70	4.82
09/07/24	87798	Detect agent nos dna amp		1,260.0			BLUE	-173.69	-1,028.41	57.90
09/07/24	87486	CHYLMD PNEUM, DNA, AMP PROBE		105.00			BLUE	-14.48	-85.70	4.82
09/07/24	87498	ENTEROVIRUS, DNA, AMP PROBE	59	105.00			BLUE	-14.48	-85.70	4.82
09/07/24	87640	Staph dna amp probe	59	105.00			BLUE	-14.48	-85.70	4.82
09/07/24	87541	LEGION PNEUMO, DNA, AMP PROB		105.00			BLUE	-14.48	-85.70	4.82
09/07/24	87641	MR-staph dna amp probe		105.00			BLUE	-14.48	-85.70	4.82

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YAZAN Z. ALAHMAD
3300 PEBBLEBROOK DR APT 28
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(832)564-9197

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAYA000	3
Guarantor	Due Date	Payment Due
YAZAN Z.	Upon Receipt	578.48

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ZAKARIA M. ALAWNEH
3310 PRIMROSE CANYON LN
PEARLAND, TX 77584-1958

(714)759-0384

Statement Date	Invoice Number	Page
02/10/2025	CLS ALAZA000	1
Guarantor	Due Date	Payment Due
ZAKARIA M.	Upon Receipt	32.96

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ZAKARIA M. ALAWNEH	MOUSTAFA M. AHMED MD	ALAZA000	CLS HEALTH	03/25/1958

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
05/20/21	64483	Inj foramen epidural l/s		788.00	-53.83	-196.96		-525.38	11.83
05/20/21	64484	Inj foramen epidural add-on		353.00		-88.33		-235.22	29.45

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ZAKARIA M. ALAWNEH	MOUSTAFA M. AHMED MD	ALAZA000	CLS HEALTH	03/25/1958

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
03/04/21	72148	Mri lumbar spine w/o dye		666.00	-55.52	-141.58		-477.22	-8.32

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281-694-5986

ADA N. CASTRO
9011 HOLLOCK ST
HOUSTON, TX 77075-1609

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBAD000	1
Guarantor	Due Date	Payment Due
ADA N. CASTRO	Upon Receipt	175.95

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Date of Last Payment: 10/24/2024	Amount of Last Payment: -4.52
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Patient: ADA N. CASTRO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALBAD000	Place of Service: CLS HEALTH	Date of Birth: 04/28/1997
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/17/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-70.00		-161.03		-341.97 -70.00
06/05/23	58562	HYSTEROSCOPY REMOVE FB		1,330.0	-302.00	-344.53	0.00		-985.47 42.53

Patient: ADA N. CASTRO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALBAD000	Place of Service: CLS HEALTH	Date of Birth: 04/28/1997
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/14/24	87481	Candida dna amp probe		525.00			-72.38		-428.50 24.12
08/14/24	87491	Chyldm trach dna amp probe		105.00			-14.48		-85.70 4.82
08/14/24	87511	Gardner vag dna amp probe		105.00			-14.48		-85.70 4.82
08/14/24	87529	HSV, DNA, AMP Probe		210.00			-28.95		-171.40 9.65
08/14/24	87591	N. gonorrhea dna amp probe		105.00			-14.48		-85.70 4.82
08/14/24	87640	Staph a dna amp probe		105.00			-14.48		-85.70 4.82
08/14/24	87653	Strep b dna amp probe		105.00			-14.48		-85.70 4.82
08/14/24	87661	Trichomonas vaginalis amplification		105.00			-14.48		-85.70 4.82
08/14/24	87798	Detect agent nos dna amp		1,995.0			-188.17		-1,744.11 62.72

Patient: ADA N. CASTRO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALBAD000	Place of Service: CLS HEALTH	Date of Birth: 04/28/1997
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/14/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-10.00		-83.54		-303.46 -10.00

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ADA N. CASTRO
9011 HOLLOCK ST
HOUSTON, TX 77075-1609

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBAD000	2
Guarantor	Due Date	Payment Due
ADA N. CASTRO	Upon Receipt	175.95

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Patient: ADA N. CASTRO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALBAD000	Place of Service: CLS HEALTH	Date of Birth: 04/28/1997
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
08/21/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-10.00	-83.54	-303.46	-10.00
08/21/24	81025	Urine pregnancy test	QW	26.00		-4.52	-19.97	1.51

Patient: ADA N. CASTRO	Rendering Physician: NISARG PATEL MD	Chart Number: ALBAD000	Place of Service: CLS HEALTH	Date of Birth: 04/28/1997
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
11/18/24	87801	Detect agnt mult dna ampli		633.00		-86.87	-517.17	28.96
11/18/24	87500	Vancomycin dna amp probe	59	105.00		-14.48	-85.70	4.82
11/18/24	87798	Detect agent nos dna amp	59	2,310.0		-188.17	-2,059.11	62.72

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ANGELICA B. ALBERTO GARCIA
13211 MYRNA LN
HOUSTON, TX 77015-1338

(832)946-3105

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBAN002	1
Guarantor	Due Date	Payment Due
ANGELICA B.	Upon Receipt	7035.33

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Date of Last Payment:	10/24/2024	Amount of Last Payment:	-146.00
-----------------------	------------	-------------------------	---------

Patient: ANGELICA B. ALBERTO	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ALBAN002	Place of Service: CLS HEALTH	Date of Birth: 01/18/1987
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CASH		
06/06/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-285.00	0.00	-419.00	-35.00
07/24/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-125.00	0.00	-287.00	-25.00
08/23/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-126.67	0.00	-287.00	-26.67
10/24/24	99215	OFFICE VISIT EST/LEVEL 5		546.00	-146.00	0.00		400.00

Patient: ANGELICA B. ALBERTO	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ALBAN002	Place of Service: CLS HEALTH	Date of Birth: 01/18/1987
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CASH		
06/06/24	87481	Candida dna amp probe	59	525.00		0.00		525.00
06/06/24	87491	Chylmd trach dna amp probe	59	105.00		0.00		105.00
06/06/24	87511	Gardner vag dna amp probe	59	105.00		0.00		105.00
06/06/24	87529	HSV, DNA, AMP Probe	59	210.00		0.00		210.00
06/06/24	87563	M. genitalium amp probe		105.00		0.00		105.00
06/06/24	87591	N. gonorrhea dna amp probe	59	105.00		0.00		105.00
06/06/24	87640	Staph a dna amp probe	59	105.00		0.00		105.00
06/06/24	87651	Strep a dna amp probe	59	105.00		0.00		105.00
06/06/24	87653	Strep b dna amp probe	59	105.00		0.00		105.00
06/06/24	87801	Detect agnt mult dna ampli		422.00		0.00		422.00
06/06/24	87661	Trichomonas vaginalis amplification	59	105.00		0.00		105.00
06/06/24	87798	Detect agent nos dna amp	59	1,365.0		0.00		1,365.00
07/24/24	87481	Candida dna amp probe		525.00		0.00		525.00
07/24/24	87491	Chylmd trach dna amp probe		105.00		0.00		105.00

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ANGELICA B. ALBERTO GARCIA
13211 MYRNA LN
HOUSTON, TX 77015-1338

(832)946-3105

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBAN002	2
Guarantor	Due Date	Payment Due
ANGELICA B.	Upon Receipt	7035.33

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07/24/24	87511	Gardner vag dna amp probe	105.00	0.00	105.00
07/24/24	87529	HSV, DNA, AMP Probe	210.00	0.00	210.00
07/24/24	87591	N. gonorrhea dna amp probe	105.00	0.00	105.00
07/24/24	87640	Staph a dna amp probe	105.00	0.00	105.00
07/24/24	87653	Strep b dna amp probe	105.00	0.00	105.00
07/24/24	87661	Trichomonas vaginalis amplification	105.00	0.00	105.00
07/24/24	87798	Detect agent nos dna amp	1,995.0	0.00	1,995.00

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ATEF ALBEIRAKDAR
15811 EL CAMINO REAL
HOUSTON, TX 77062-4416

(409)256-6896

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBAT000	1
Guarantor	Due Date	Payment Due
ATEF	Upon Receipt	81.07

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Date of Last Payment: 12/3/2024				Amount of Last Payment: -31.92			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ATEF ALBEIRAKDAR	MOUSTAFA M. AHMED MD	ALBAT000	Pain	06/01/1972			
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
08/07/23	80307	Drug test prsmv chem anlyzr	186.00	-55.00	0.00	-154.93	-23.93
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ATEF ALBEIRAKDAR	MOUSTAFA M. AHMED MD	ALBAT000	CLS HEALTH	06/01/1972			
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
08/07/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-76.60	-253.40	55.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ATEF ALBEIRAKDAR	ZEID F. KARADSHEH MD	ALBAT000	CLS HEALTH	06/01/1972			
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
11/01/23	99999	NO SHOW		25.00	0.00		25.00
09/25/23	99999	NO SHOW		25.00	0.00		25.00

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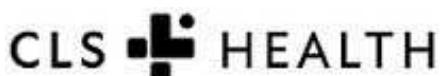
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81.07



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DANIA ALBABA
1608 GARDEN GLEN LN
PEARLAND, TX 77581-6559

(832)319-9602

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBDA000	1
Guarantor	Due Date	Payment Due
DANIA ALBABA	Upon Receipt	15.00

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Date of Last Payment: **10/12/2023**

Amount of Last Payment: **-57.60**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:							
DANIA ALBABA	MOHAMMAD J. BABA MD	ALBDA000	CLS HEALTH	10/20/1994							
Dates	Procedure	Description	Paid By	Applied to	Paid by	Modifer	Charge	Patient Deductible	UNITED	Adjustments	Remainder
04/20/23	73721	Mri jnt of lwr extre w/o dye	638.00		-448.82					-174.18	15.00

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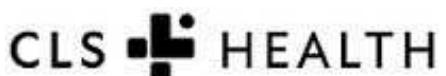
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Amount Due

15.00



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IBRAHIM ALBABA
1608 GARDEN GLEN LN
PEARLAND, TX 77581-6559

(832)523-5913

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBIB000	1
Guarantor	Due Date	Payment Due
IBRAHIM ALBABA	Upon Receipt	88.73

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Date of Last Payment:	2/26/2024	Amount of Last Payment:	-194.93
Patient: IBRAHIM ALBABA	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALBIB000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
01/11/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00		-179.70	-287.30	40.00
01/11/24	31231	Nasal endoscopy dx		562.00		-194.93	-318.34	48.73

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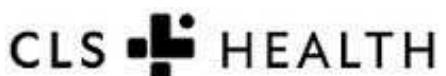
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Amount Due

88.73



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JASON ALBRIGHT
1513 ALTA VISTA DR
ALVIN, TX 77511-3101

(281)723-7730

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBJA002	1
Guarantor	Due Date	Payment Due
JASON ALBRIGHT	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JASON ALBRIGHT	BASHAR ZLEIK MD	ALBJA002	THE HEIGHTS	09/08/1960
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by UNITED
11/22/23	99999	NO SHOW	25.00	0.00
				25.00

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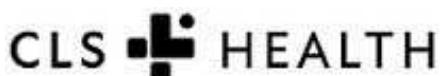
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Amount Due

25.00



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JULIE A. ALBANESE
8300 RED BLUFF RD APT 1531
PASADENA, TX 77507-1131

(832)887-8966

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBJU000	1
Guarantor	Due Date	Payment Due
JULIE A.	Upon Receipt	100.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JULIE A. ALBANESE	REMY TEQWIMUAH MD	ALBJU000	UTMB	01/08/1987			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MOLINA	Adjustments	Reminder
05/03/21	99220	Observation, Initial - High Severity	559.00	-100.00	-86.31	-372.69	100.00

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KATHLEEN A. ALBERTS
3957 COUNTY ROAD 605
DAYTON, TX 77535-7245

(936)641-2665

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBKA001	1
Guarantor	Due Date	Payment Due
KATHLEEN A.	Upon Receipt	15.00

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Date of Last Payment: 10/30/2024

Amount of Last Payment: -281.96

Patient: KATHLEEN A. ALBERTS	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: ALBKA001	Place of Service: CLS HEALTH	Date of Birth: 05/01/1955
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Devoted
08/15/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-74.86		-182.14	15.00

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KENNETH D. ALBERTS
1805 S EGRET BAY BLVD APT 2209
LEAGUE CITY, TX 77573-6086

(281)832-1097

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBKE000	1
Guarantor	Due Date	Payment Due
KENNETH D.	Upon Receipt	53.00

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Date of Last Payment: 3/12/2021		Amount of Last Payment: -32.69						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
KENNETH D. ALBERTS	ROHIT R. DHIR MD	ALBKE000	CLS HEALTH	05/26/1959				
<hr/>								
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder	
01/21/21	51728	Cystometrogram w/vp	52	1,178.0	-97.00	-8.34	-1,019.66	53.00

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MAISSAA ALBABA
1102 JUNIPER CANYON LN
HOUSTON, TX 77062-2059

(832)807-8984

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBMA002	1
Guarantor	Due Date	Payment Due
MAISSAA	Upon Receipt	40.00

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Date of Last Payment: 11/11/2024

Amount of Last Payment: -40.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MAISSAA ALBABA	AHMED A. MORSY MD	ALBMA002	CLS HEALTH	01/27/1974			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
07/10/23	99204	OFFICE VIST NEW LEVEL 4	503.00		-185.80	-277.20	40.00

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281-694-5986

MOHAMMED E. ALBABA
1608 GARDEN GLEN LN
PEARLAND, TX 77581-6559

(832)621-7912

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBMO000	1
Guarantor	Due Date	Payment Due
MOHAMMED E.	Upon Receipt	1828.06

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Date of Last Payment: 7/16/2021			Amount of Last Payment: -174.94	
Patient: MOHAMMED E. ALBABA	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: ALBMO000	Place of Service: CLS HEALTH	Date of Birth: 02/12/1993

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Reminder
12/16/22	72141	Mri neck spine w/o dye		639.00		0.00		639.00

Patient: MOHAMMED E. ALBABA		Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALBMO000	Place of Service: CLS HEALTH	Date of Birth: 02/12/1993			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CASH	Adjustments	Reminder

12/21/22	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		0.00		385.00
12/21/22	94760	Measure blood oxygen level		7.00		0.00		7.00
12/21/22	G8427	Docev cur meds by elig clin		0.01		0.00		0.01
12/21/22	G9903	Pt scrn tbco id as non user		0.01		0.00		0.01
12/21/22	G8420	Calc bmi norm parameters		0.01		0.00		0.01

Patient: MOHAMMED E. ALBABA		Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALBMO000	Place of Service: CLS HEALTH	Date of Birth: 02/12/1993			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CASH	Adjustments	Reminder

12/21/22	62321	Njx interlaminar crv/thrc		795.00		0.00		795.00
12/21/22	A4248	CHLORHEXIDINE ANTISEPT	59	1.00		0.00		1.00
12/21/22	J2001	Lidocaine injection		0.01		0.00		0.01
12/21/22	J7030	Normal saline solution infus		0.01		0.00		0.01
12/21/22	J1100	Dexamethasone sodium phos	59	0.01		0.00		0.01
12/21/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00		1.00

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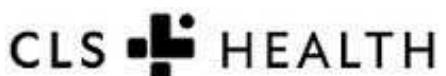
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1,828.06



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281-694-5986

NAZAR F. ALBAYATY
10907 CREEK MIST DR
CYPRESS, TX 77433-2532

(281)717-4418

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBNA001	1
Guarantor	Due Date	Payment Due
NAZAR F.	Upon Receipt	50.00

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Date of Last Payment: 2/28/2024			Amount of Last Payment: -126.42		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
NAZAR F. ALBAYATY		ABDULHADI M. AKHTAR MD	ALBNA001	CLS HEALTH	02/11/1952
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELCARE
11/27/23	99992	NO SHOW	50.00	0.00	0.00
					50.00
Adjustments	Remainder				

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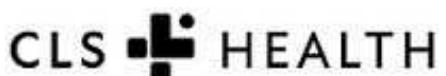
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Amount Due

50.00



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OMAR ALBUSTAMI
3233 DUCHESS PARK LN
FRIENDSWOOD, TX 77546-2211

(832)544-4100

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBOM000	1
Guarantor	Due Date	Payment Due
OMAR	Upon Receipt	60.15

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Date of Last Payment:	2/1/2023	Amount of Last Payment:	-316.41
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
OMAR ALBUSTAMI	ZEID F. KARADSHEH MD	ALBOM000	CLS HEALTH	12/18/1973

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CORE	Adjustments	Remainder
11/14/22	99203	OFFICE VIST NEW LEVEL 3		350.00		-70.58	-254.42	25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
OMAR ALBUSTAMI	ZEID F. KARADSHEH MD	ALBOM000	BAY AREA	12/18/1973

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CORE	Adjustments	Remainder
01/03/23	45385	Colonoscopy w/lesion removal		761.00		-248.88	-484.47	27.65
01/03/23	43239	Egd biopsy single/multiple		415.00		-67.53	-339.97	7.50

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PHYLLIS ALBERTS
633 W FAIRWAY LAKE DR
ALVIN, TX 77511-1026

(832)235-7992

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBPH000	1
Guarantor	Due Date	Payment Due
PHYLLIS	Upon Receipt	35.00

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Date of Last Payment: 7/28/2023		Amount of Last Payment: -79.20					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
PHYLLIS ALBERTS	ROBERT A. DARLING MD	ALBPH000	CLS HEALTH	11/29/1957			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Devoted	Adjustments	Reminder
07/12/23	99203	OFFICE VIST NEW LEVEL 3	339.00		-79.20	-224.80	35.00

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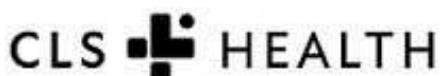
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SAMANTHA ALBRITTON
420 N ASHBEL ST
BAYTOWN, TX 77520-4002

(346)574-2538

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBSA001	1
Guarantor	Due Date	Payment Due
SAMANTHA	Upon Receipt	113.88

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Date of Last Payment:	2/13/2024	Amount of Last Payment:	-100.00
Patient: SAMANTHA ALBRITTON	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALBSA001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
01/31/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-100.00	-125.98	0.00		-381.02	25.98
01/31/24	31575	Diagnostic laryngoscopy		389.00		-104.36	0.00		-284.64	104.36
02/13/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-100.00	-83.54	0.00		-303.46	-16.46

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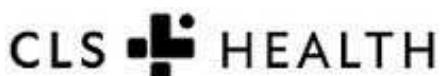
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WISAM Y. ALBARBARAWI
3313 PRINCE GEORGE DR
FRIENDSWOOD, TX 77546-4180

(281)701-1078

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBWI000	1
Guarantor	Due Date	Payment Due
WISAM Y.	Upon Receipt	63.05

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Date of Last Payment: 10/31/2023	Amount of Last Payment: -133.70			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WISAM Y. ALBARBARAWI	ZEID F. KARADSHEH MD	ALBWI000	BAY AREA	12/03/1975

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
04/07/23	45385	Colonoscopy w/lesion removal		761.00	-100.00	-169.10		-500.84	-8.94
04/07/23	45380	Colonoscopy and biopsy	59	602.00		-133.70		-396.31	71.99

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63.05



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YASMINE W. ALBARBARAWI
3313 PRINCE GEORGE DR
FRIENDSWOOD, TX 77546-4180

(281)732-7652

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBYA000	1
Guarantor	Due Date	Payment Due
YASMINE W.	Upon Receipt	58.50

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Date of Last Payment: 12/18/2024

Amount of Last Payment: -55.00

Patient: YASMINE W.	Rendering Physician: RUDY LOZANO CARREON MD	Chart Number: ALBYA000	Place of Service: CLS HEALTH	Date of Birth: 06/20/2004
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Charge	Patient Deductible	Ambetter			
01/24/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-250.00	0.00		-442.24	-23.24
02/14/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-150.00	0.00		-255.40	-18.40
03/13/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-150.00	0.00		-255.86	-18.86
03/27/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-150.00	-89.57		-262.43	-115.00
04/24/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-150.00	-89.57		-262.43	-115.00

Patient: YASMINE W.	Rendering Physician: RUDY LOZANO CARREON MD	Chart Number: ALBYA000	Place of Service: CLS HEALTH	Date of Birth: 06/20/2004
-------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Charge	Patient Deductible	Ambetter			
01/24/24	G0483	Drug test def 22+ classes		741.00		0.00		-494.00	247.00
01/24/24	80307	Drug test prsmv chem analyzr		186.00		0.00		-124.00	62.00

Patient: YASMINE W.	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALBYA000	Place of Service: CLS HEALTH	Date of Birth: 06/20/2004
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Charge	Patient Deductible	Ambetter			
06/05/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-15.00	-171.77		-442.23	40.00

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ANA M. ALCOCER
102 SHIRLEEN DR
SEABROOK, TX 77586-5422

(832)247-4621

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCAN001	1
Guarantor	Due Date	Payment Due
ANA M. ALCOCER	Upon Receipt	110.27

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Date of Last Payment:	6/26/2024	Amount of Last Payment:	-55.00
Patient: ANA M. ALCOCER	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALCAN001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By		Paid by Friday	Adjustments	Remainder	
			Modifier	Charge				
08/30/22	95810	Polysom 6/> yrs 4/> param		1,918.0	-20.00	-661.64	-1,182.84	53.52
09/26/22	95811	Polysom 6/> yrs cpap 4/> parm		2,002.0	-20.00	-76.75 -690.73	-1,234.52	56.75

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ANGELA ALCAZAR
7302 HEARDS LN APT 722
GALVESTON, TX 77551-1155

(409)255-9219

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCAN002	1
Guarantor	Due Date	Payment Due
ANGELA	Upon Receipt	25.00

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Date of Last Payment: 2/27/2024		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA ALCAZAR	ABDELNASER ELKHALILI MD	ALCAN002	CLS HEALTH	02/12/1983
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible EVERCARE
03/22/24	99999	NO SHOW	25.00	0.00
				25.00

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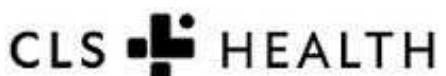
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Amount Due

25.00



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CARMEN ALCANTARA
2331 JASPER ST
ROSHARON, TX 77583-3073

(832)420-4875

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCCA000	1
Guarantor	Due Date	Payment Due
CARMEN	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CARMEN ALCANTARA	MOHAMED A. KHALIL MD	ALCCA000		06/07/1954			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Remainder
01/21/21	99999	NO SHOW	25.00		0.00		25.00

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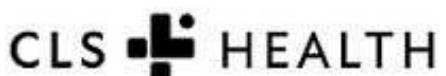
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Amount Due

25.00



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CARISSA B. ALCALA
12022 RYEWATER DR
HOUSTON, TX 77089-6313

(832)640-7796

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCCA002	1
Guarantor	Due Date	Payment Due
CARISSA B.	Upon Receipt	181.15

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Date of Last Payment:	11/21/2024	Amount of Last Payment:	-250.89
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Patient: CARISSA B. ALCALA	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALCCA002	Place of Service: CLS HEALTH	Date of Birth: 01/15/1999
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
01/25/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-40.00	-182.42	-466.58	-20.00

Patient: CARISSA B. ALCALA	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALCCA002	Place of Service: HOUSTON	Date of Birth: 01/15/1999
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
01/26/24	58662	LAPAROSCOPY EXCISE LESIONS		2,216.0		-469.35	-1,545.50	201.15

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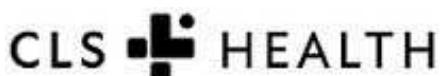
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CYNTHIA A. ALCORN
4445 13TH ST UNIT B
BACLIFF, TX 77518-2522

(281)793-5653

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA A.	Upon Receipt	88.30

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Date of Last Payment:	8/24/2021	Amount of Last Payment:	-353.20
Patient: CYNTHIA A. ALCORN	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ALCCY000	Place of Service: UTMB

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
07/14/21	99291	CRITICAL CARE 1ST HOUR		678.00		-176.60		-457.25 44.15
07/15/21	99291	CRITICAL CARE 1ST HOUR		678.00		-176.60		-457.25 44.15

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DEBBIE A. ALCAZAR
1906 37TH ST
GALVESTON, TX 77550-7544

(409)996-8303

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCDE000	1
Guarantor	Due Date	Payment Due
DEBBIE A.	Upon Receipt	147.02

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Date of Last Payment:	12/16/2024	Amount of Last Payment:	-207.58
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DEBBIE A. ALCAZAR	VENKATA K. JONNA MD	ALCDE000	CLS HEALTH	02/03/1965

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/27/22	99205	OFFICE VIST NEW LEVEL 5		689.00		-183.75	-459.31
04/24/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-4.82	-105.28	-253.40
04/24/23	20610	Drain/inj joint/bursa w/o us	LT	197.00		-53.76	-129.80
04/24/23	J3301	Triamcinolone acet inj nos		24.00		-5.74	-16.83
							1.43

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DEBBIE A. ALCAZAR	VENKATA K. JONNA MD	ALCDE000	CLS HEALTH	02/03/1965

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/06/23	93970	Extremity study		571.00		-156.13	-375.84
							39.03

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DEBBIE A. ALCAZAR	ROBERT A. DARLING MD	ALCDE000	CLS HEALTH	02/03/1965

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/13/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-42.65	-177.78	-440.87
12/13/23	31575	Diagnostic laryngoscopy		405.00		-90.06	-291.96
							22.98

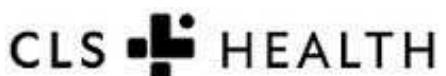
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281-694-5986

GEORGE ALCANTAR
4833 DOVE COVE LN
LEAGUE CITY, TX 77573-7505

(575)202-2367

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCGE000	1
Guarantor	Due Date	Payment Due
GEORGE	Upon Receipt	13.79

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Date of Last Payment:	10/17/2022	Amount of Last Payment:	-447.05
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Patient: GEORGE ALCANTAR	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALCGE000	Place of Service:	Date of Birth: 10/10/1974
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
04/21/22	95806	Sleep study unatt&resp efft	26	139.00	-46.21	-44.46	-94.54	-46.21

Patient: GEORGE ALCANTAR	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALCGE000	Place of Service: CLS HEALTH	Date of Birth: 10/10/1974
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
08/23/22	95810	Polysom 6> yrs 4> param		1,918.0	-40.00	-447.05	-1,370.95	60.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALCJE000	1
Guarantor	Due Date	Payment Due
JESSE ALCAZAR	Upon Receipt	101.41

JESSE ALCAZAR
1906 37TH ST
GALVESTON, TX 77550-7544

(409)996-8303

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Date of Last Payment:	11/6/2023	Amount of Last Payment:	0.00
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Patient: JESSE ALCAZAR	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALCJE000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1941
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments	Remainder
02/20/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-45.00	-222.22	-441.78	-45.00
03/06/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-45.00	-175.83	-359.17	-40.00
03/29/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-45.00	-124.07	-255.93	-40.00

Patient: JESSE ALCAZAR	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALCJE000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1941
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments	Remainder
02/20/23	J7613	Albuterol non-comp unit		2.00		-0.06	-1.92	0.02

Patient: JESSE ALCAZAR	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALCJE000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1941
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments	Remainder
02/27/23	71250	Ct thorax w/o dye		418.00	-150.00	0.00	-296.64	-28.64

Patient: JESSE ALCAZAR	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALCJE000	Place of Service: CLEAR LAKE	Date of Birth: 06/12/1941
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments	Remainder
03/13/23	31624	Dxbronchoscope/lavage		399.00		-108.73	-285.27	5.00

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JESSE ALCAZAR
1906 37TH ST
GALVESTON, TX 77550-7544

(409)996-8303

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCJE000	2
Guarantor	Due Date	Payment Due
JESSE ALCAZAR	Upon Receipt	101.41

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Patient: JESSE ALCAZAR	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALCJE000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1941
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WellMed	Adjustments	Remainder
04/17/23	51798	Us urine capacity measure		32.00		0.00	-20.94	11.06
05/04/23	51798	Us urine capacity measure		32.00		0.00	-20.94	11.06
05/09/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-84.87	-255.13	45.00
05/09/23	76872	Us transrectal		422.00		-16.04	-255.96	150.00
08/22/23	51798	Us urine capacity measure		32.00		0.00	-20.94	11.06

Patient: JESSE ALCAZAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALCJE000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1941
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELLMED	Adjustments	Remainder
08/14/23	64483	Inj foramen epidural l/s	RT	745.00	-68.20	-205.50	-494.50	-23.20
08/14/23	J2001	Lidocaine injection	59	2.00		-0.04	-1.95	0.01
08/14/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.08	-0.90	0.02
09/08/23	63650	Implant neuroelectrodes		13,956.	-65.00	-3,460.05	-10,450.95	-20.00
09/08/23	95972	Alys cplx sp/pn npgt w/prgrm	59	171.00		-37.73	-113.27	20.00
09/08/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.08	-0.90	0.02

Patient: JESSE ALCAZAR	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ALCJE000	Place of Service: CLS HEALTH	Date of Birth: 06/12/1941
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELLMED	Adjustments	Remainder
09/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-65.52	-274.48	45.00

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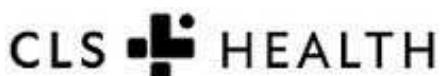
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JUANITA A. ALCORTA
4609 FM 646 RD N TRLR 36
SANTA FE, TX 77510-7697

(409)457-0244

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCJU003	1
Guarantor	Due Date	Payment Due
JUANITA A.	Upon Receipt	40.00

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Date of Last Payment: **5/7/2024**

Amount of Last Payment: **-139.10**

Patient: JUANITA A. ALCORTA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALCJU003	Place of Service: CLS HEALTH	Date of Birth: 12/29/1953
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
04/08/24	99215	OFFICE VISIT EST/LEVEL 5		546.00	-139.10		-366.90	40.00

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LAURA R. ALCAZAR
675 MILES RD TRLR 35
BACLIFF, TX 77518-2071

(361)243-0583

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCLA000	1
Guarantor	Due Date	Payment Due
LAURA R.	Upon Receipt	8.57

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Date of Last Payment: 8/20/2024					Amount of Last Payment: -99.08	
Patient: LAURA R. ALCAZAR	Rendering Physician: TAREK M. HUSSEIN DPT		Chart Number: ALCLA000	Place of Service: CLS HEALTH	Date of Birth: 08/18/1975	

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/06/23	97162	Pt eval mod complex 30 min	Q6	304.00	-10.00	-83.07	-220.93 -10.00

Patient: LAURA R. ALCAZAR		Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALCLA000	Place of Service: CLS HEALTH	Date of Birth: 08/18/1975		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
08/24/23	80307	Drug test prsmv chem anlyzr	186.00		-46.60	-131.63	7.77

Patient: LAURA R. ALCAZAR		Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ALCLA000	Place of Service: CLS HEALTH	Date of Birth: 08/18/1975		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
09/25/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-10.00	-111.86	-273.14 -10.00
10/23/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-10.00	-111.86	-273.14 -10.00
11/21/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-10.00	-111.86	-273.14 -10.00
12/21/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-10.00	-111.86	-273.14 -10.00
01/22/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-10.00	-109.65	-277.35 -10.00

Patient: LAURA R. ALCAZAR		Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALCLA000	Place of Service: CLS HEALTH	Date of Birth: 08/18/1975		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder

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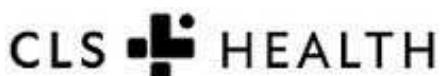
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LAURA R. ALCAZAR
675 MILES RD TRLR 35
BACLIFF, TX 77518-2071

(361)243-0583

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCLA000	2
Guarantor	Due Date	Payment Due
LAURA R.	Upon Receipt	8.57

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09/25/23	80307	Drug test prsmv chem analyzr	186.00	-23.30	-154.93	7.77
11/21/23	80307	Drug test prsmv chem analyzr	186.00	-23.30	-154.93	7.77
01/22/24	80307	Drug test prsmv chem analyzr	186.00	-23.30	-154.93	7.77
01/22/24	G0483	Drug test def 22+ classes	741.00	-92.59	-617.54	30.87

Patient: LAURA R. ALCAZAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALCLA000	Place of Service: CLS HEALTH	Date of Birth: 08/18/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/29/23	72148	Mri lumbar spine w/o dye		602.00	-51.51	-123.61	-437.19 -10.31

Patient: LAURA R. ALCAZAR	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALCLA000	Place of Service: CLS HEALTH	Date of Birth: 08/18/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/27/23	73030	X-ray exam of shoulder		105.00		-21.56	-76.25 7.19
12/27/23	73502	X-ray exam hip uni 2-3 views		143.00		-29.21	-104.05 9.74

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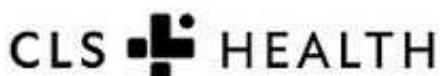
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PETER P. ALCAZAREN
2326 SHADOW FALLS LN
PEARLAND, TX 77584-3410

(281)857-5262

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCPE001	1
Guarantor	Due Date	Payment Due
PETER P.	Upon Receipt	22.70

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Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
PETER P. ALCAZAREN		MAAMOUN A. HARMOUCH	ALCPE001	HCA	05/18/1975
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
09/06/21	99254	HOSPITAL CONSULT, LEVEL 4	377.00	-22.70	-128.67
					Adjustments Remainder
					-225.63 22.70

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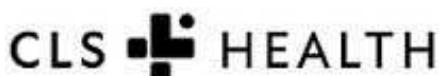
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SAVANNAH ALCAZAR
5683 COUNTRY GLEN ST
LEAGUE CITY, TX 77573-3101

(713)702-8548

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCSA000	1
Guarantor	Due Date	Payment Due
SAVANNAH	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SAVANNAH ALCAZAR	MOUSTAFA M. AHMED MD	ALCSA000	CLS HEALTH	07/08/1998
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/11/21	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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SAN JUANITA G. ALCALA
6107 CHAPARRAL DR
NEEDVILLE, TX 77461-7304

(979)793-7030

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCSA002	1
Guarantor	Due Date	Payment Due
SAN JUANITA G.	Upon Receipt	22.58

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SAN JUANITA G. ALCALA	KHAN KHURRUM MD	ALCSA002	MEMORIAL	08/11/1944			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEMORIA	Adjustments	Remainder
02/26/24	93272	Ecg/review interpret only	71.00		0.00	-48.42	22.58

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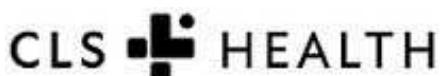
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Amount Due

22.58



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SUSAN D. ALCAYDE
3013 ROBINSON BLVD
TEXAS CITY, TX 77590-6834

(409)944-8225

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCSU000	1
Guarantor	Due Date	Payment Due
SUSAN D.	Upon Receipt	230.65

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Date of Last Payment:	Amount of Last Payment:
Patient: SUSAN D. ALCAYDE	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/07/22	99254	HOSPITAL CONSULT, LEVEL 4		377.00		0.00	-251.34
09/09/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01

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Amount Due

230.65



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ALMA D. ALDAPE
715 FM 1959 RD APT 1004
HOUSTON, TX 77034-5478

(281)919-8914

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDAL000	1
Guarantor	Due Date	Payment Due
ALMA D. ALDAPE	Upon Receipt	36.11

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Date of Last Payment: 11/7/2023				Amount of Last Payment: -86.09			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ALMA D. ALDAPE	ZEID F. KARADSHEH MD	ALDAL000	BAY AREA	12/01/1960			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments Remainder
05/12/23	45378	Diagnostic colonoscopy		554.00	-100.00	-132.54	-364.66 -43.20
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments Remainder
06/21/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-23.00	-226.76	-437.24 -23.00
06/21/23	51741	Electro-uroflowmetry first		43.00		-5.12	-35.68 2.20
07/05/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-41.90	-106.60	-253.40 -16.90
07/05/23	57160	Insert pessary/other device		228.00		-77.99 0.00	-150.01 77.99
07/05/23	51798	Us urine capacity measure		32.00		-5.53 0.00	-26.47 5.53
07/05/23	81001	Urinalysis auto w/scope		10.00		-1.59 0.00	-8.41 1.59
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments Remainder
06/07/23	99386	86 Previsit new age 40-64		334.00	-5.00	-153.04	-180.96 -5.00

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ALMA D. ALDAPE
715 FM 1959 RD APT 1004
HOUSTON, TX 77034-5478

(281)919-8914

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDAL000	2
Guarantor	Due Date	Payment Due
ALMA D. ALDAPE	Upon Receipt	36.11

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Patient: ALMA D. ALDAPE	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALDAL000	Place of Service: CLS HEALTH	Date of Birth: 12/01/1960
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
10/17/23	31575	Diagnostic laryngoscopy		405.00	-86.09		-282.01	36.90

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ANGELA ALDERSON
6850 KEMPER DR
PASADENA, TX 77505-5443

(713)240-0160

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDAN000	1
Guarantor	Due Date	Payment Due
ANGELA	Upon Receipt	60.00

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA ALDERSON	GHYATH SAMMAN MD	ALDAN000	CLS HEALTH	09/22/1975
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/06/24	99214	OFFICE VISIT EST/LEVEL 4	400.00	-20.31
				Adjustments Remainder -319.69 60.00

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BRIAN ALDESON
1633 WEBSTER ST
LEAGUE CITY, TX 77573-5685

(832)272-6839

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDBR000	1
Guarantor	Due Date	Payment Due
BRIAN ALDESON	Upon Receipt	815.51

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BRIAN ALDESON		LUIGI TERMINELLA MD	ALDBR000	UTMB	03/08/1978
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP
06/09/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00
06/09/21	99292	CRITICAL CARE, 30 MIN	340.00		0.00
06/10/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00
06/11/21	99239	HOSPITAL DISCHARGE, LONG	327.00		0.00
					Adjustments Remainder
					-388.18 289.82
					-213.25 126.75
					-388.18 289.82
					-217.88 109.12

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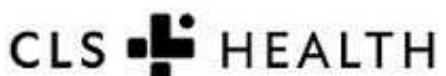
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CONSUELO ALDACO
24207 MIRANDOLA LN
RICHMOND, TX 77406-4525

(713)201-1305

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDCO000	1
Guarantor	Due Date	Payment Due
CONSUELO	Upon Receipt	63.70

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Date of Last Payment:	3/13/2024	Amount of Last Payment:	-177.71
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Patient: CONSUELO ALDACO	Rendering Physician: MAZEN NOUREDDIN MD	Chart Number: ALDCO000	Place of Service: CLS HEALTH	Date of Birth: 02/15/1967
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Charge	Patient Deductible	CIGNA			
03/13/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00	-177.71	-176.86	0.00	-492.14	-0.85

Patient: CONSUELO ALDACO	Rendering Physician: MAZEN NOUREDDIN MD	Chart Number: ALDCO000	Place of Service: CLS HEALTH	Date of Birth: 02/15/1967
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Charge	Patient Deductible	CIGNA			
03/13/24	76981	Use parenchyma		311.00		-64.55	0.00	-246.45	64.55

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DAWN M. ALDRIDGE
1220 QUARTERHORSE DR
ALVIN, TX 77511-1783

(281)876-7645

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDDA000	1
Guarantor	Due Date	Payment Due
DAWN M.	Upon Receipt	50.00

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Date of Last Payment: 9/5/2022

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
DAWN M. ALDRIDGE	MOHAMED A. KHALIL MD	ALDDA000	CLS HEALTH	05/21/1972				
Dates	Procedure	Description	Modifier	Paid By AETNA	Applied to Patient Deductible	Paid by VISN 16	Adjustments	Reminder
01/03/22	99999	NO SHOW		25.00	0.00	0.00		25.00
01/05/22	99999	NO SHOW		25.00	0.00	0.00		25.00

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281-694-5986

GUADALUPE ALDAPE
1150 MONROE ST
ALVIN, TX 77511-2777

(281)832-4310

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDGU000	1
Guarantor	Due Date	Payment Due
GUADALUPE	Upon Receipt	3295.57

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Patient: GUADALUPE ALDAPE	Rendering Physician: SUMIT TRIVEDI NP	Chart Number: ALDGU000	Place of Service: CLEAR LAKE	Date of Birth: 11/05/1958
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
11/06/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.14	205.86
11/07/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
11/08/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
11/09/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-217.88	109.12

Patient: GUADALUPE ALDAPE	Rendering Physician: JUNEIGHT C. ALCIVAR	Chart Number: ALDGU000	Place of Service: CLEAR LAKE	Date of Birth: 11/05/1958
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
11/08/21	99254	HOSPITAL CONSULT, LEVEL 4		377.00		0.00	-251.40	125.60

Patient: GUADALUPE ALDAPE	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALDGU000	Place of Service: CLEAR LAKE	Date of Birth: 11/05/1958
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
11/23/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.76	205.24
11/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
11/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
11/26/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-217.88	109.12

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GUADALUPE ALDAPE
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Statement Date	Invoice Number	Page
02/10/2025	CLS ALDGU000	2
Guarantor	Due Date	Payment Due
GUADALUPE	Upon Receipt	3295.57

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Patient: GUADALUPE ALDAPE	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALDGU000	Place of Service: CLEAR LAKE	Date of Birth: 11/05/1958
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
09/23/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-430.33	178.67
09/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-136.33	178.67
09/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-136.33	178.67
09/28/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-136.33	178.67

Patient: GUADALUPE ALDAPE	Rendering Physician: KAREEM GADELMOLA MD	Chart Number: ALDGU000	Place of Service: UTMB	Date of Birth: 11/05/1958
-------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Remainder
10/13/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00	-330.00	165.00

Patient: GUADALUPE ALDAPE	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALDGU000	Place of Service: UTMB	Date of Birth: 11/05/1958
-------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
10/13/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
10/14/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
10/15/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
10/16/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
10/17/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-216.08	107.92

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1150 MONROE ST
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Statement Date	Invoice Number	Page
02/10/2025	CLS ALDGU000	3
Guarantor	Due Date	Payment Due
GUADALUPE	Upon Receipt	3295.57

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Patient: GUADALUPE ALDAPE	Rendering Physician: ALI EZZO MD	Chart Number: ALDGU000	Place of Service: UTMB	Date of Birth: 11/05/1958
-------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
10/12/22	99220	Observation, Initial - High Severity		550.00		0.00	-366.64	183.36

Patient: GUADALUPE ALDAPE	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALDGU000	Place of Service: CLEAR LAKE	Date of Birth: 11/05/1958
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
10/29/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-430.33	178.67
10/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-136.33	178.67
10/31/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-136.33	178.67
11/01/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-205.98	118.02

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HAMAD ALDEERI
270 EL DORADO BLVD APT 1008
WEBSTER, TX 77598-2256

(903)508-8058

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDHA000	1
Guarantor	Due Date	Payment Due
HAMAD ALDEERI	Upon Receipt	35.53

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HAMAD ALDEERI	TAREK M. HUSSEIN DPT	ALDHA000	CLS HEALTH	04/08/1994

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	Ambetter		
10/20/23	97162	Pt eval mod complex 30 min	GP	304.00	-5.00	-58.15	-220.93	19.92
11/07/23	97032	Electrical stimulation	GP	44.00		-8.35	-32.07	3.58
11/07/23	97110	Therapeutic exercises	GP	178.00	-61.80	-34.10	-129.28	-47.18
11/07/23	97530	Therapeutic activities	GP	112.00		-21.48	-81.31	9.21
11/06/23	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HAMAD ALDEERI	MOUSTAFA M. AHMED MD	ALDHA000	CLS HEALTH	04/08/1994

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Reminder
			Modifier	Charge	Patient Deductible	Ambetter	
01/22/24	99999	NO SHOW		25.00		0.00	25.00

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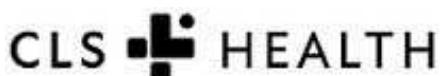
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35.53



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HERMAN C. ALDAZ
2922 14TH AVE N
TEXAS CITY, TX 77590-5108

(512)945-0079

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDHE000	1
Guarantor	Due Date	Payment Due
HERMAN C.	Upon Receipt	196.86

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Date of Last Payment:	Amount of Last Payment:
Patient: HERMAN C. ALDAZ	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
04/09/21	99253	HOSPITAL CONSULT, INITIAL LEVEL		273.00		0.00	-182.00	91.00
04/10/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00		0.00	-212.14	105.86

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JUAN E. ALDAPE
1150 MONROE ST
ALVIN, TX 77511-2777

(281)753-3628

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDJKU000	1
Guarantor	Due Date	Payment Due
JUAN E. ALDAPE	Upon Receipt	69.01

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Date of Last Payment:	5/10/2021	Amount of Last Payment:	-1,001.91	
Patient: JUAN E. ALDAPE	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALDJKU000	Place of Service: CLEAR LAKE	Date of Birth: 07/15/1957

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	HUMANA		
03/01/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-152.76		-304.05 38.19
03/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-61.66		-240.93 15.41
03/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-61.66		-240.93 15.41

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LINDA S. ALDRICH
1218 E BROWN LN
DEER PARK, TX 77536-6512

(281)479-3922

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDLI001	1
Guarantor	Due Date	Payment Due
LINDA S.	Upon Receipt	41.34

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Date of Last Payment:	10/29/2024	Amount of Last Payment:	-6.36
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LINDA S. ALDRICH	OMAR ALBUSTAMI MD	ALDLI001	CLS HEALTH	04/08/1944

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder
03/23/23	99215	OFFICE VISIT EST/LEVEL 5	25	540.00	-30.00	-150.18	-389.82	-30.00
05/30/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-30.00	-106.56	-278.44	-30.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LINDA S. ALDRICH	OMAR ALBUSTAMI MD	ALDLI001	CLS HEALTH	04/08/1944

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder
03/23/23	94726	Pulm funct tst plethysmograp		164.00		0.00	-114.21	49.79
03/23/23	94729	Co/membane diffuse capacity		171.00		-53.33	-117.46	0.21
03/23/23	J7613	Albuterol non-comp unit		2.00		-0.06	-1.92	0.02

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LINDA S. ALDRICH	MAHMOOD DWEIK MD	ALDLI001	CLEAR LAKE	04/08/1944

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder
05/08/23	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LINDA S. ALDRICH	OMAR ALBUSTAMI MD	ALDLI001	CLS HEALTH	04/08/1944

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
09/26/23	99214	OFFICE VISIT EST/LEVEL 4	GW	387.00		-103.17	-257.51	26.32

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LINDA S. ALDRICH
1218 E BROWN LN
DEER PARK, TX 77536-6512

(281)479-3922

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDLI001	2
Guarantor	Due Date	Payment Due
LINDA S.	Upon Receipt	41.34

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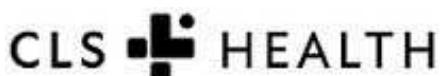
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LONNIE ALDRIDGE
8601 PALMER HWY
TEXAS CITY, TX 77591-2276

(409)789-2412

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDLO000	1
Guarantor	Due Date	Payment Due
LONNIE	Upon Receipt	66.72

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Date of Last Payment:	Amount of Last Payment:
Patient: LONNIE ALDRIDGE	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/13/21	99220	Observation, Initial - High Severity		559.00	-37.26	-149.05	-372.69	37.26
03/14/21	99225	Subsequent observation care		221.00	-14.73	-58.93	-147.34	14.73
03/15/21	99225	Subsequent observation care		221.00	-14.73	-58.93	-147.34	14.73

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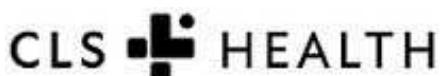
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MARJORIE ALDRIDGE
213 S HERITAGE OAKS DR
TEXAS CITY, TX 77591-9293

(409)935-3374

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDMA000	1
Guarantor	Due Date	Payment Due
MARJORIE	Upon Receipt	131.50

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Date of Last Payment: 4/7/2021					Amount of Last Payment: 0.00		
Patient: MARJORIE ALDRIDGE	Rendering Physician: EMRAN ABU ATHERAH MD		Chart Number: ALDMA000	Place of Service: UTMB	Date of Birth: 06/06/1934		

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
02/16/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00	-41.05	-164.19	-410.76	41.05

Patient: MARJORIE ALDRIDGE		Rendering Physician: ALI EZZO MD	Chart Number: ALDMA000	Place of Service: UTMB	Date of Birth: 06/06/1934		
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
02/17/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.66	-147.61	14.73
02/18/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.30	-212.53	21.17
02/19/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.66	-147.61	14.73
02/21/21	99239	HOSPITAL DISCHARGE, LONG		327.00	-21.82	-86.90	-218.28	21.82

Patient: MARJORIE ALDRIDGE		Rendering Physician: TANYA REID FNP	Chart Number: ALDMA000	Place of Service: UTMB	Date of Birth: 06/06/1934		
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
02/17/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-18.00	-71.98	-228.02	18.00

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MARILYN G. ALDRIDGE
1445 S EGRET BAY BLVD APT 213
LEAGUE CITY, TX 77573-5668

(409)526-8144

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDMA002	1
Guarantor	Due Date	Payment Due
MARILYN G.	Upon Receipt	127.34

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Date of Last Payment: 7/23/2024					Amount of Last Payment: 0.00			
Patient: MARILYN G. ALDRIDGE		Rendering Physician: OMAR ALBUSTAMI MD		Chart Number: ALDMA002	Place of Service: CLS HEALTH	Date of Birth: 11/09/1962		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
04/19/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-10.00	-138.64	-396.36	-5.00
05/22/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-10.00	-138.64	-396.36	-5.00
Patient: MARILYN G. ALDRIDGE					Chart Number: ALDMA002	Place of Service: CLS HEALTH	Date of Birth: 11/09/1962	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
07/06/23	95811	Polysom 6/> yrs cpap 4/> parm		1,919.0	-10.00	-529.36	-1,257.30	122.34
Patient: MARILYN G. ALDRIDGE					Chart Number: ALDMA002	Place of Service: CLS HEALTH	Date of Birth: 11/09/1962	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
10/06/23	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-10.00	-106.93	-267.07	-10.00
Patient: MARILYN G. ALDRIDGE					Chart Number: ALDMA002	Place of Service: CLS HEALTH	Date of Birth: 11/09/1962	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
01/11/24	99999	NO SHOW		25.00		0.00		25.00

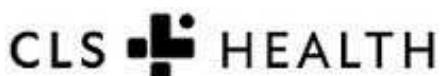
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MARISSA ALDRIDGE
1220 QUARTERHORSE DR
ALVIN, TX 77511-1783

(713)377-8925

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDMA003	1
Guarantor	Due Date	Payment Due
MARISSA	Upon Receipt	25.26

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MARISSA ALDRIDGE		ALDMA003	CLS HEALTH	12/22/1998	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter
10/03/22	97162	Pt eval mod complex 30 min	GP	316.00	-58.94
					-231.80
					25.26

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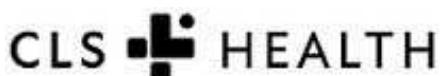
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Amount Due

25.26



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

MICHAEL C. ALDAKKOUR
3814 SHADOW COVE DR
HOUSTON, TX 77082-5628

(832)607-4461

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDMI001	1
Guarantor	Due Date	Payment Due
MICHAEL C.	Upon Receipt	103.86

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Date of Last Payment: 3/19/2024			Amount of Last Payment: -82.77		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MICHAEL C. ALDAKKOUR		ABDULHADI M. AKHTAR MD	ALDMI001	CLS HEALTH	01/01/1952
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by MEDICARE BLUE
01/24/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00 -103.86 -19.71 -5.03	-258.40 103.86

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Amount Due

103.86



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281-694-5986

RAYMOND ALDAZ
2922 14TH AVE N
TEXAS CITY, TX 77590-5108

(409)256-7510

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDRA000	1
Guarantor	Due Date	Payment Due
RAYMOND ALDAZ	Upon Receipt	137.61

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
RAYMOND ALDAZ	MAAMOUN A. HARMOUCH	ALDRA000	MAINLAND	05/18/1990			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
10/06/21	99219	Observation, Initial - Moderate Severity	413.00		0.00	-275.39	137.61

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Amount Due

137.61



PO BOX 58538
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281-694-5986

SCOTT W. ALDRIDGE
190 LOCH LOMOND DR
LEAGUE CITY, TX 77573-3622

(713)817-1665

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDSC000	1
Guarantor	Due Date	Payment Due
SCOTT W.	Upon Receipt	11.94

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Date of Last Payment: 1/25/2024		Amount of Last Payment: -138.72		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SCOTT W. ALDRIDGE	ROHIT R. DHIR MD	ALDSC000	CLS HEALTH	06/17/1971
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by BLUE
01/08/24	51798	Us urine capacity measure	34.00	-11.94 0.00
				-22.06 11.94

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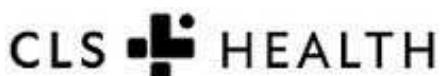
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Amount Due

11.94



PO BOX 58538
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281-694-5986

YOLANDA ALDAPE
4805 ARNOLD DR
PEARLAND, TX 77584-8933

(832)829-2884

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDY0000	1
Guarantor	Due Date	Payment Due
YOLANDA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
YOLANDA ALDAPE	MOUSTAFA M. AHMED MD	ALDY0000	CLS HEALTH	12/30/1952			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by HUMANA	Adjustments	Remainder
11/29/21	99999	NO SHOW	25.00		0.00		25.00

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Amount Due

25.00



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AMY R. ALEXANDER
4101 NASA PKWY APT 227
SEABROOK, TX 77586-6235

(281)853-4729

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAM000	1
Guarantor	Due Date	Payment Due
AMY R.	Upon Receipt	271.33

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Date of Last Payment: 1/12/2024					Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
AMY R. ALEXANDER	JUNEIGHT C. ALCIVAR	ALEAM000	CLEAR LAKE	06/02/1970				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments Remainder	
05/19/21	99254	HOSPITAL CONSULT, LEVEL 4		377.00		-188.08	-154.09 34.83	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
AMY R. ALEXANDER	MOUSTAFA M. AHMED MD	ALEAM000	CLS HEALTH	06/02/1970				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments Remainder	
10/25/21	99999	NO SHOW		25.00		0.00	25.00	
12/14/21	99999	NO SHOW		25.00		0.00	25.00	
04/14/22	99991	NO SHOW		150.00		0.00	150.00	
01/23/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-126.60	-253.40 5.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
AMY R. ALEXANDER	ZEID F. KARADSHEH MD	ALEAM000	CLS HEALTH	06/02/1970				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Paid by EVERCARE	Adjustments Remainder
05/11/23	76705	Echo exam of abdomen		268.00		-58.40	-12.97	-190.13 6.50
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
AMY R. ALEXANDER	ZEID F. KARADSHEH MD	ALEAM000	CLS HEALTH	06/02/1970				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Paid by EVERCARE	Adjustments Remainder
10/11/23	99999	NO SHOW		25.00		0.00	0.00	25.00

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Amount Due

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281-694-5986

AMY R. ALEXANDER
4101 NASA PKWY APT 227
SEABROOK, TX 77586-6235

(281)853-4729

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAM000	2
Guarantor	Due Date	Payment Due
AMY R.	Upon Receipt	271.33

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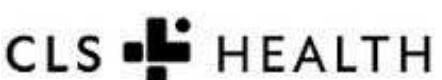
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To make a payment online, go to cls.health/payment

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

Amount Due

271.33



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

ANGIE ALEMAN
12723 4TH 1/2 ST TRLR 1
SANTA FE, TX 77510-8079

(409)762-5455

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAN000	1
Guarantor	Due Date	Payment Due
ANGIE ALEMAN	Upon Receipt	27.50

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Date of Last Payment: 6/17/2024				Amount of Last Payment: -21.07		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ANGIE ALEMAN	ABDELNASER ELKHALILI MD	ALEAN000	CLS HEALTH	09/21/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELCARE	Adjustments Remainder
03/08/21	J3301	Triamcinolone acet inj nos	32.00		-8.83	-20.96 2.21
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ANGIE ALEMAN	ABDELNASER ELKHALILI MD	ALEAN000	CLS HEALTH	09/21/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELCARE	Adjustments Remainder
08/03/22	71046	X-rayexam chest 2 views	107.00	-20.00	-34.83	-72.17 -20.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ANGIE ALEMAN	ABDELNASER ELKHALILI MD	ALEAN000	CLS HEALTH	09/21/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELCARE	Adjustments Remainder
11/01/23	99215	OFFICE VISIT EST/LEVEL 5	540.00	-25.00	-128.97	-411.03 -25.00
11/29/23	99999	NO SHOW	25.00		0.00	25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ANGIE ALEMAN	MOLHAM ALDEIRI MD	ALEAN000	CLS HEALTH	09/21/1960		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELCARE	Adjustments Remainder
02/20/24	93294	Rem interrog evl pm/lids pm	88.00		-4.23	-58.77 25.00
05/21/24	93294	Rem interrog evl pm/lids pm	88.00		-9.61	-58.39 20.00

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ANGIE ALEMAN
12723 4TH 1/2 ST TRLR 1
SANTA FE, TX 77510-8079

(409)762-5455

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAN000	2
Guarantor	Due Date	Payment Due
ANGIE ALEMAN	Upon Receipt	27.50

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Patient: ANGIE ALEMAN	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALEAN000	Place of Service: CLS HEALTH	Date of Birth: 09/21/1960
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/21/24	J3420	Vitamin b12 injection	JZ	4.00	-1.13	-2.58	0.29

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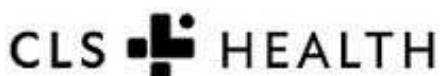
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Amount Due

27.50



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281-694-5986

ANDREW ALEMAN
8129 ELROD ST
HOUSTON, TX 77017-5215

(713)384-2944

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAN002	1
Guarantor	Due Date	Payment Due
ANDREW	Upon Receipt	43.08

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Webster, TX 77598

Date of Last Payment: 2/15/2024		Amount of Last Payment: -10.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ANDREW ALEMAN	ZEID F. KARADSHEH MD	ALEAN002	CLEAR LAKE	03/12/1976		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder
12/20/23	45378	Diagnostic colonoscopy	554.00	-129.22	-381.70	43.08

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Amount Due

43.08



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281-694-5986

BRANDON ALEXANDER
1510 MAPLE ST
LA MARQUE, TX 77568-6202

(409)965-6197

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEBR000	1
Guarantor	Due Date	Payment Due
BRANDON	Upon Receipt	212.91

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Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: BRANDON ALEXANDER	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SELPAY			
01/23/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00		-210.01	104.99
01/24/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00		-216.08	107.92

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

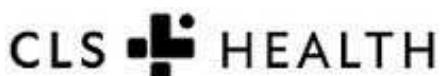
Call 281-694-5986

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Amount Due

212.91



PO BOX 58538
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281-694-5986

BRIANA ALEXANDER
1515 AUSTIN ST APT# 520
HOUSTON, TX 77002-7701

(832)806-9790

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEBR001	1
Guarantor	Due Date	Payment Due
BRIANA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BRIANA ALEXANDER	BASHAR ZLEIK MD	ALEBR001	THE HEIGHTS	03/16/1988
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by UNITED
01/16/23	99999	NO SHOW	25.00	0.00
				25.00

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

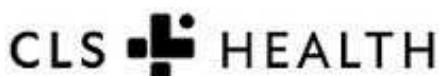
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Amount Due

25.00



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281-694-5986

BRADLEY P. ALEXANDER
1235 NASA PKWY APT 1362
HOUSTON, TX 77058-3868

(832)585-2949

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEBR002	1
Guarantor	Due Date	Payment Due
BRADLEY P.	Upon Receipt	60.08

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Webster, TX 77598

Date of Last Payment:	7/9/2024	Amount of Last Payment:	-14.96
Patient: BRADLEY P. ALEXANDER	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALEBR002	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
05/30/24	51728	Cystometrogram w/vp	52	1,086.0	-200.00	-175.20	0.00		-910.80	-24.80
05/30/24	51784	Anal/urinary muscle study		194.00		-61.18	0.00		-132.82	61.18
05/30/24	51741	Electro-uroflowmetry first		44.00		-13.45	0.00		-30.55	13.45
05/30/24	51798	Us urine capacity measure		34.00		-10.25	0.00		-23.75	10.25

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

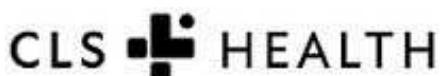
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Amount Due

60.08



PO BOX 58538
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281-694-5986

CALVIN ALEXANDER
5703 BELVEDERE ST
HOUSTON, TX 77021-3253

(713)742-2978

Statement Date	Invoice Number	Page
02/10/2025	CLS ALECA003	1
Guarantor	Due Date	Payment Due
CALVIN	Upon Receipt	25.00

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Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CALVIN ALEXANDER	ZEID F. KARADSHEH MD	ALECA003	CLS HEALTH	12/03/1967			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
01/15/24	99999	NO SHOW	25.00		0.00		25.00

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281-694-5986

CANDELARIO ALEMAN
11501 LORD ST
HOUSTON, TX 77029-3021

(832)607-9256

Statement Date	Invoice Number	Page
02/10/2025	CLS ALECA004	1
Guarantor	Due Date	Payment Due
CANDELARIO	Upon Receipt	25.00

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Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CANDELARIO ALEMAN	ZEID F. KARADSHEH MD	ALECA004	CLS HEALTH	12/18/1956
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
09/28/23	99999	NO SHOW	25.00	0.00
			Paid by Devoted	Adjustments Remainder
				25.00

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PO BOX 58538
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CYNTHIA ALEXANDER
15311 E ANTONE CIR
HOUSTON, TX 77071-3201

(314)450-0052

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEY000	1
Guarantor	Due Date	Payment Due
CYNTHIA	Upon Receipt	426.22

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Date of Last Payment:	Amount of Last Payment:
Patient: CYNTHIA ALEXANDER	Rendering Physician: NISARG PATEL MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	MEDICARE			
05/26/22	99223	INITIAL HOSPITAL/HIGH	GW	609.00		0.00		-403.76	205.24
05/27/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		0.00		-145.34	73.66
05/28/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		0.00		-145.34	73.66
05/29/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		0.00		-145.34	73.66

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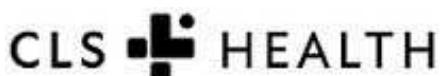
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Amount Due

426.22



PO BOX 58538
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281-694-5986

EVA M. ALEJANDRE
10701 SABO RD APT 1913
HOUSTON, TX 77089-1641

(832)546-4082

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEEV001	1
Guarantor	Due Date	Payment Due
EVA M.	Upon Receipt	55.17

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
EVA M. ALEJANDRE		REMY TEQWIMUAH MD	ALEEV001	UTMB	01/05/1978
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
06/13/22	99220	Observation, Initial - High Severity	550.00	-39.58	-158.32
06/14/22	99217	OBSERVATION DISCHARGE	220.00	-15.59	-62.36
			Adjustments		Remainder
					-352.10 39.58
					-142.05 15.59

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Amount Due

55.17



PO BOX 58538
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281-694-5986

JACQUELINE R. ALEXANDER
301 NEWMAN RD APT 2309
LA MARQUE, TX 77568-3481

(409)998-0318

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJA000	1
Guarantor	Due Date	Payment Due
JACQUELINE R.	Upon Receipt	216.93

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Date of Last Payment: 9/14/2023	Amount of Last Payment: -319.50
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Patient: JACQUELINE R.	Rendering Physician: NISARG PATEL MD	Chart Number: ALEJA000	Place of Service: UTMB	Date of Birth: 04/07/1946
----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient	MEDICARE		
05/14/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.63	-145.76	14.61
05/15/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.63	-145.76	14.61
05/16/22	99239	HOSPITAL DISCHARGE, LONG		324.00	-21.58	-86.62	-215.80	21.58

Patient: JACQUELINE R.	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ALEJA000	Place of Service: CLEAR LAKE	Date of Birth: 04/07/1946
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient	MEDICARE		
08/11/23	99223	1ST HOSP IP/OBS HIGH 75	AI	523.00		-140.08	-347.19	35.73
08/12/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/14/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/15/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/16/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/17/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/18/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/21/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30
08/22/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.90	-158.80	16.30

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JENNIFER ALEMAN
221 SPLINTERED ARROW DR
LA MARQUE, TX 77568-6621

(713)330-5553

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJE002	1
Guarantor	Due Date	Payment Due
JENNIFER	Upon Receipt	564.42

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Date of Last Payment: 10/18/2024					Amount of Last Payment: 0.00		
Patient:	Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:		
JENNIFER ALEMAN	VENKATA K. JONNA MD		ALEJE002	CLS HEALTH	11/30/1982		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
03/18/24	73565	X-ray exam of knees		119.00		-17.95	-86.05 15.00
Patient:	Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:		
JENNIFER ALEMAN	VENKATA K. JONNA MD		ALEJE002	CLEAR LAKE	11/30/1982		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
03/28/24	27447	Total knee arthroplasty	LT	3,981.0		-982.68	-2,752.65 245.67
Patient:	Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:		
JENNIFER ALEMAN	VENKATA K. JONNA MD		ALEJE002	CLS HEALTH	11/30/1982		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by United	Adjustments Remainder
05/28/24	99214	OFFICE VISIT EST/LEVEL 4	24	387.00	-20.88	-22.60	-304.40 39.12
06/14/24	99024	Office Visit - No Charge		0.01	-60.00	0.00	-59.99
06/14/24	20610	Drain/inj joint/bursa w/o us	LT	199.00		-31.85	-135.30 31.85
06/14/24	J2001	Lidocaine injection	59	1.00		-0.01	-0.97 0.02
06/14/24	J3301	Triamcinolone acet inj nos		3.00		-0.47	-2.05 0.48
09/20/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-4.65	-97.70	-249.30 35.35

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JENNIFER ALEMAN
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LA MARQUE, TX 77568-6621

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJE002	2
Guarantor	Due Date	Payment Due
JENNIFER	Upon Receipt	564.42

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JENNIFER ALEMAN	VENKATA K. JONNA MD	ALEJE002	CLS HEALTH	11/30/1982

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by United	Adjustments	Remainder
05/28/24	73562	X-ray exam of knee 3		122.00		-15.57	-90.85	15.58
09/20/24	73562	X-ray exam of knee 3	LT	122.00		0.00	-78.53	43.47
10/21/24	72100	X-ray exam l-s spine 2/3 ws		119.00		0.00	-76.56	42.44

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JENNIFER ALEMAN	MOLHAM ALDEIRI MD	ALEJE002	CLEAR LAKE	11/30/1982

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by KELSEY	Adjustments	Remainder
08/15/24	99223	1ST HOSP IP/OBS HIGH 75	25	521.00		-101.88	-335.77	83.35
08/15/24	93306	Tte w/doppler complete	26	230.00		0.00	-157.92	72.08

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JOYCELAN M. ALEXANDER
3535 CANADA RD APT 4304
LA PORTE, TX 77571-4564

(281)830-7430

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJO000	1
Guarantor	Due Date	Payment Due
JOYCELAN M.	Upon Receipt	117.46

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Date of Last Payment:	11/5/2024	Amount of Last Payment:	-114.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOYCELAN M. ALEXANDER	MOUSTAFA M. AHMED MD	ALEJO000	CLS HEALTH	01/09/1944

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/11/21	99999	NO SHOW		25.00		0.00	25.00
11/11/21	99999	NO SHOW		25.00		0.00	25.00
01/03/22	99999	NO SHOW		25.00	-7.54	0.00	17.46

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOYCELAN M. ALEXANDER	ROHIT R. DHIR MD	ALEJO000	CLS HEALTH	01/09/1944

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
07/28/21	99992	NO SHOW		50.00		0.00	50.00

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117.46



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JOHN H. ALEXANDER
4614 AUGUSTA DR
PASADENA, TX 77505-5528

(713)516-3105

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJO001	1
Guarantor	Due Date	Payment Due
JOHN H.	Upon Receipt	25.00

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Date of Last Payment: 12/20/2022

Amount of Last Payment: -142.60

Patient: JOHN H. ALEXANDER	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALEJO001	Place of Service: CLS HEALTH	Date of Birth: 06/20/1979
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
06/24/22	99999	NO SHOW		25.00		0.00		25.00

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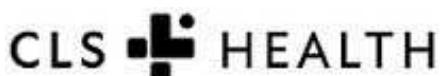
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Amount Due

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JOSE ALEMAN
2414 MIERIANNE ST
HOUSTON, TX 77093-1140

(832)876-5960

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJO004	1
Guarantor	Due Date	Payment Due
JOSE ALEMAN	Upon Receipt	112.24

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Date of Last Payment: 12/29/2023

Amount of Last Payment: 0.00

Patient: JOSE ALEMAN	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ALEJO004	Place of Service: CLS HEALTH	Date of Birth: 11/29/1971
--------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder	
11/08/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-63.00	-125.98	0.00	-377.02	62.98
12/05/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-34.00	-83.26	0.00	-301.74	49.26

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JOHN D. ALEXANDER
4025 BURKE RD
PASADENA, TX 77504-3400

(281)773-6981

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJO005	1
Guarantor	Due Date	Payment Due
JOHN D.	Upon Receipt	33.25

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Date of Last Payment:	3/29/2024	Amount of Last Payment:	-8.65
Patient: JOHN D. ALEXANDER	Rendering Physician: DAVID HAMER MD	Chart Number: ALEJO005	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	United		
02/23/24	99203	OFFICE VIST NEW LEVEL 3		338.00	-75.00	-17.30	-254.35	-8.65
02/23/24	93000	Electrocardiogram complete		43.00		-21.00	0.00	-22.00
03/11/24	93015	Cardiovascular stress test		215.00	-75.00	-95.90	0.00	-119.10

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Amount Due

33.25



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281-694-5986

KAY M. ALEWINE
1906 16TH ST N
TEXAS CITY, TX 77590-5212

(409)392-5561

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEKA000	1
Guarantor	Due Date	Payment Due
KAY M. ALEWINE	Upon Receipt	2421.82

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient: KAY M. ALEWINE	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALEKA000	Place of Service: CLEAR LAKE	Date of Birth: 08/22/1940

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
03/20/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.76	205.24
03/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-0.42	317.58
03/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-0.42	317.58
03/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-0.42	317.58
03/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-106.28	211.72
03/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-106.28	211.72

Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
Patient: KAY M. ALEWINE	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ALEKA000	Place of Service: CLEAR LAKE	Date of Birth: 08/22/1940	

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
03/19/21	99223	INITIAL HOSPITAL/HIGH	A1	616.00		0.00	-410.76	205.24
03/20/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
03/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
03/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
03/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
03/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
03/25/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-221.14	105.86

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KATTY ALEJO
1010 KANSAS ST
SOUTH HOUSTON, TX 77587-3113

(713)913-9151

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEKA002	1
Guarantor	Due Date	Payment Due
KATTY ALEJO	Upon Receipt	196.84

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Date of Last Payment: 11/22/2024	Amount of Last Payment: -34.18
----------------------------------	--------------------------------

Patient: KATTY ALEJO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALEKA002	Place of Service: CLS HEALTH	Date of Birth: 08/28/1969
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/29/24	80307	Drug test prsmv chem anlyzr		186.00		-25.64	-151.82	8.54
04/29/24	G0483	Drug test def 22+ classes		741.00		-101.86	-605.19	33.95

Patient: KATTY ALEJO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALEKA002	Place of Service: CLS HEALTH	Date of Birth: 08/28/1969
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
06/03/24	87481	Candida dna amp probe	59	525.00		-72.38	-428.50	24.12
06/03/24	87491	Chyldm trach dna amp probe	59	105.00		-14.48	-85.70	4.82
06/03/24	87511	Gardner vag dna amp probe	59	105.00		-14.48	-85.70	4.82
06/03/24	87529	HSV, DNA, AMP Probe	59	210.00		-28.95	-171.40	9.65
06/03/24	87563	M. genitalium amp probe		105.00		-14.48	-85.70	4.82
06/03/24	87591	N. gonorrhea dna amp probe	59	105.00		-14.48	-85.70	4.82
06/03/24	87640	Staph a dna amp probe	59	105.00		-14.48	-85.70	4.82
06/03/24	87651	Strep a dna amp probe	59	105.00		-14.48	-85.70	4.82
06/03/24	87653	Strep b dna amp probe	59	105.00		-14.48	-85.70	4.82
06/03/24	87801	Detect agnt mult dna ampli		422.00		-57.92	-344.78	19.30
06/03/24	87661	Trichomonas vaginalis amplification	59	105.00		-14.48	-85.70	4.82
06/03/24	87798	Detect agent nos dna amp	59	1,365.0		-188.17	-1,114.11	62.72

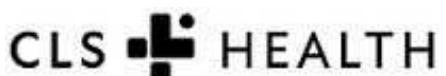
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LACEY N. ALEXANDER
1702 FAIRWIND RD
HOUSTON, TX 77062-5433

(830)534-6934

Statement Date	Invoice Number	Page
02/10/2025	CLS ALELA001	1
Guarantor	Due Date	Payment Due
LACEY N.	Upon Receipt	40.63

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Date of Last Payment: 5/18/2023		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LACEY N. ALEXANDER	NISARG PATEL MD	ALELA001	UTMB	04/28/1992
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by AETNA
04/15/23	99223	1ST HOSP IP/OBS HIGH 75	Q6 523.00	-121.89 -360.48 40.63

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LINDA M. ALEXANDER
2709 MAIN ST
LA MARQUE, TX 77568-5106

(713)504-8407

Statement Date	Invoice Number	Page
02/10/2025	CLS ALELI000	1
Guarantor	Due Date	Payment Due
LINDA M.	Upon Receipt	75.00

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Date of Last Payment: 2/18/2022		Amount of Last Payment: -0.01					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LINDA M. ALEXANDER	ABDELNASER ELKHALILI MD	ALELI000	CLS HEALTH	01/21/1949			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible WELCARE	Adjustments	Remainder	
01/25/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-25.00	0.00	-463.00	75.00

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LISA T. ALEXANDER
480 W BAY AREA BLVD RM 226
WEBSTER, TX 77598-4118

(979)240-7732

Statement Date	Invoice Number	Page
02/10/2025	CLS ALELI003	1
Guarantor	Due Date	Payment Due
LISA T.	Upon Receipt	63.67

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Date of Last Payment: 7/31/2024				Amount of Last Payment: -99.08																																																	
Patient:		Rendering Physician:		Chart Number:		Place of Service:																																															
LISA T. ALEXANDER		JIHAD M. HARMOUCHE MD		ALELI003		CLS HEALTH																																															
<table border="1"> <thead> <tr> <th>Dates</th> <th>Procedure</th> <th>Description</th> <th>Modifier</th> <th>Paid By Charge</th> <th>Applied to Patient</th> <th>Paid by Ambetter</th> <th>Adjustments</th> <th>Remainder</th> </tr> </thead> <tbody> <tr> <td>06/12/23</td> <td>99386</td> <td>86 Previsit new age 40-64</td> <td></td> <td>334.00</td> <td>-5.00</td> <td>-153.04</td> <td>-180.96</td> <td>-5.00</td> </tr> </tbody> </table>									Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	06/12/23	99386	86 Previsit new age 40-64		334.00	-5.00	-153.04	-180.96	-5.00																											
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder																																													
06/12/23	99386	86 Previsit new age 40-64		334.00	-5.00	-153.04	-180.96	-5.00																																													
<table border="1"> <thead> <tr> <th>Dates</th> <th>Procedure</th> <th>Description</th> <th>Modifier</th> <th>Paid By Charge</th> <th>Applied to Patient</th> <th>Paid by Ambetter</th> <th>Adjustments</th> <th>Remainder</th> </tr> </thead> <tbody> <tr> <td>12/18/23</td> <td>99214</td> <td>OFFICE VISIT EST/LEVEL 4</td> <td>25</td> <td>387.00</td> <td>-5.00</td> <td>-55.93</td> <td>-331.07</td> <td>-5.00</td> </tr> <tr> <td>12/18/23</td> <td>10061</td> <td>Drainage of skin abscess</td> <td></td> <td>653.00</td> <td></td> <td>-119.83</td> <td>-481.82</td> <td>51.35</td> </tr> </tbody> </table>									Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	12/18/23	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-5.00	-55.93	-331.07	-5.00	12/18/23	10061	Drainage of skin abscess		653.00		-119.83	-481.82	51.35																		
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LISA T. ALEXANDER
480 W BAY AREA BLVD RM 226
WEBSTER, TX 77598-4118

(979)240-7732

Statement Date	Invoice Number	Page
02/10/2025	CLS ALELI003	2
Guarantor	Due Date	Payment Due
LISA T.	Upon Receipt	63.67

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04/17/24	99459	Pelvic examination	67.00	-17.02	-44.30	5.68
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Patient: LISA T. ALEXANDER	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALELI003	Place of Service: MAINLAND	Date of Birth: 07/17/1965
--------------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
05/24/24	56405	I & d of vulva/perineum		391.00	-43.12	-87.12	-274.84	-14.08

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281-694-5986

MICHAEL ALEXANDER
10238 FUQUA ST
HOUSTON, TX 77089-1435

(713)539-2235

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEMI000	1
Guarantor	Due Date	Payment Due
MICHAEL	Upon Receipt	20.00

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Date of Last Payment: 1/31/2024		Amount of Last Payment: -34.23		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL ALEXANDER	JAWDAT HAFEZ DPM	ALEMI000	CLS HEALTH	08/25/1943
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/09/23	20600	Drain/inj joint/bursa w/o us	161.00	-34.23
				Adjustments Remainder
				-106.77 20.00

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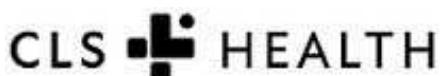
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281-694-5986

PATRICIA ALEMAN
1225 10TH ST N APT 1207
TEXAS CITY, TX 77590-5859

(409)655-7244

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEPA000	1
Guarantor	Due Date	Payment Due
PATRICIA	Upon Receipt	55.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
PATRICIA ALEMAN	MAHMOOD DWEIK MD	ALEPA000	CLS HEALTH	12/08/1959			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
10/31/22	99245	OFFICE CONSULTATION/LEVEL 5	497.00		-96.20	-345.80	55.00

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RAMONA G. ALEMAN
503 ORLEANS ST
LEAGUE CITY, TX 77573-4033

(281)455-2813

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERA000	1
Guarantor	Due Date	Payment Due
RAMONA G.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RAMONA G. ALEMAN	DANNY M. MOUNIR MD	ALERA000	CLS HEALTH	02/07/1951
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/02/22	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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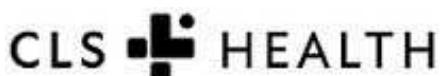
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RACHEL M. ALEXANDER
212 SWIFT ST
ANGLETON, TX 77515-3221

(979)665-2142

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERA002	1
Guarantor	Due Date	Payment Due
RACHEL M.	Upon Receipt	25.00

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Date of Last Payment: 4/4/2023

Amount of Last Payment: -161.37

Patient: RACHEL M. ALEXANDER	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALERA002	Place of Service: CLS HEALTH	Date of Birth: 04/09/1988
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
10/03/23	99999	NO SHOW		25.00		0.00		25.00

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REBECCA L. ALEMAN
2802 W BAY AREA BLVD APT 2014
WEBSTER, TX 77598-3123

(832)866-1727

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERE000	1
Guarantor	Due Date	Payment Due
REBECCA L.	Upon Receipt	312.91

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Date of Last Payment: 11/4/2024	Amount of Last Payment: -83.54
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Patient: REBECCA L. ALEMAN	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALERE000	Place of Service: BAYSHORE	Date of Birth: 07/31/1987
--------------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By		Paid by BLUE	Adjustments		Remainder
			Modifier	Charge		Patient	Deductible	
02/09/24	19301	Partial mastectomy	RT	2,077.0	-226.87			-1,774.51 75.62
02/09/24	76098	X-ray exam surgical specimen	26	50.00	-9.15			-37.80 3.05
02/09/24	19316	Suspension of breast	RT	2,450.0	-544.07			-1,724.57 181.36
02/09/24	38525	Biopsy/removal lymph nodes	RT	1,386.0	-151.55			-1,183.93 50.52
02/09/24	38900	Io map of sent lymph node	RT	429.00	-93.08			-304.89 31.03

Patient: REBECCA L. ALEMAN	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALERE000	Place of Service: BAYSHORE	Date of Birth: 07/31/1987
--------------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By		Paid by BLUE	Adjustments		Remainder
			Modifier	Charge		Patient	Deductible	
04/03/24	36561	Insert tunneled cv cath	78	1,011.0	-87.75	-168.69		-786.08 -31.52
04/03/24	76937	Us guide vascular access	26	45.00		-8.54		-33.61 2.85

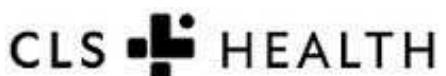
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Amount Due
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ROBERT C. ALEXANDER
1420 MARINA BAY DR APT 912
KEMAH, TX 77565-2283

(214)762-7345

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERO000	1
Guarantor	Due Date	Payment Due
ROBERT C.	Upon Receipt	52.07

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Date of Last Payment:	8/10/2021	Amount of Last Payment:	-149.05
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROBERT C. ALEXANDER	REMY TEQWIMUAH MD	ALER0000	UTMB	10/30/1952

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	MEDICARE		
06/23/21	99220	Observation, Initial - High Severity			559.00	-37.26	-149.05	-372.69	37.26

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROBERT C. ALEXANDER	Maha Al-lahiq MD	ALER0000	UTMB	10/30/1952

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	MEDICARE		
06/24/21	99217	OBSERVATION DISCHARGE			222.00	-14.81	-59.24	-147.95	14.81

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ROSE ALEXANDER
5105 AIRLINE DR APT 2311
HOUSTON, TX 77022-2638

(346)760-9901

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERO003	1
Guarantor	Due Date	Payment Due
ROSE	Upon Receipt	493.79

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Date of Last Payment: 2/7/2023			Amount of Last Payment: -124.70		
Patient: ROSE ALEXANDER	Rendering Physician: NISARG PATEL MD	Chart Number: ALER0003	Place of Service: THE HEIGHTS	Date of Birth: 10/19/1944	

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELCARE		
11/20/22	99223	INITIAL HOSPITAL/HIGH	AI	609.00		-159.27		-409.10 40.63
11/21/22	99239	HOSPITAL DISCHARGE, LONG		324.00		-84.61		-217.81 21.58

Patient: ROSE ALEXANDER			Rendering Physician: BASHAR ZLEIK MD	Chart Number: ALER0003	Place of Service: THE HEIGHTS	Date of Birth: 10/19/1944		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELCARE	Adjustments	Remainder

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELCARE		
11/21/22	99222	HOSPITAL PRIMARY, INITIAL MOD		416.00		-108.60		-279.70 27.70

Patient: ROSE ALEXANDER			Rendering Physician: NISARG PATEL MD	Chart Number: ALER0003	Place of Service: THE HEIGHTS	Date of Birth: 10/19/1944		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELCARE	Adjustments	Remainder

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELCARE		
12/28/22	99223	INITIAL HOSPITAL/HIGH	AI	523.00		-159.27		-323.10 40.63
12/29/22	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-57.27		-167.12 14.61
12/30/22	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-57.27		-167.12 14.61
12/31/22	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-57.27		-167.12 14.61
01/01/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35		-160.75 15.90
01/02/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35		-160.75 15.90
01/03/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35		-160.75 15.90
01/04/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35		-160.75 15.90
01/05/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35		-160.75 15.90
01/06/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35		-160.75 15.90

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ROSE ALEXANDER
5105 AIRLINE DR APT 2311
HOUSTON, TX 77022-2638

(346)760-9901

Statement Date	Invoice Number	Page
02/10/2025	CLS ALERO003	2
Guarantor	Due Date	Payment Due
ROSE	Upon Receipt	493.79

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01/07/23	99239	HOSPITAL DISCHARGE, LONG	345.00	-90.27	-231.70	23.03
----------	-------	--------------------------	--------	--------	---------	-------

Patient: ROSE ALEXANDER	Rendering Physician: NISARG PATEL MD	Chart Number: ALERO003	Place of Service: PAM REHAB	Date of Birth: 10/19/1944
-----------------------------------	--	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELCARE		
01/08/23	99223	INITIAL HOSPITAL/HIGH	A1	523.00		-136.66	-351.48	34.86
01/09/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/10/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/11/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/12/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/13/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/14/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/15/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/16/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/17/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		-62.35	-160.75	15.90
01/18/23	99239	HOSPITAL DISCHARGE, LONG		345.00		-90.27	-231.70	23.03

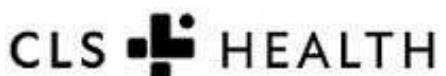
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Amount Due
493.79



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281-694-5986

SANDRA C. ALEXANDER
307 GREEN ISLE AVE
DICKINSON, TX 77539-6166

(830)613-1263

Statement Date	Invoice Number	Page
02/10/2025	CLS ALESA002	1
Guarantor	Due Date	Payment Due
SANDRA C.	Upon Receipt	30.00

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Date of Last Payment: 10/29/2024			Amount of Last Payment: -20.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SANDRA C. ALEXANDER		VENKATA K. JONNA MD	ALESA002	CLS HEALTH	03/23/1971
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA
09/18/23	73502	X-ray exam hip uni 2-3 views	RT	143.00	-8.77
					Adjustments Remainder -104.23 30.00

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SHANNON M. ALEXANDER
6900 N MAIN ST APT 118
BAYTOWN, TX 77521-6535

(409)338-1720

Statement Date	Invoice Number	Page
02/10/2025	CLS ALESH000	1
Guarantor	Due Date	Payment Due
SHANNON M.	Upon Receipt	210.83

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SHANNON M. ALEXANDER	NISARG PATEL MD	ALESH000	HCA	10/13/1977			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TEXAS	Adjustments	Remainder
08/15/22	99223	INITIAL HOSPITAL/HIGH	609.00	-210.83	0.00	-398.17	210.83

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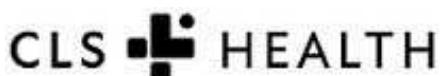
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Amount Due

210.83



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281-694-5986

TRINA G. ALEXANDER
PO BOX 151
BACLIFF, TX 77518-0151

(832)738-8201

Statement Date	Invoice Number	Page
02/10/2025	CLS ALETR000	1
Guarantor	Due Date	Payment Due
TRINA G.	Upon Receipt	49.73

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Date of Last Payment: 11/25/2024				Amount of Last Payment: -26.23			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
TRINA G. ALEXANDER	ABDELNASER ELKHALILI MD	ALETR000	CLS HEALTH	04/23/1956			
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by AARP	Adjustments Remainder
10/31/22	J3301	Triamcinolone acet inj nos	24.00		-6.85	-1.75	-15.67 -0.27
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
TRINA G. ALEXANDER	ABDELNASER ELKHALILI MD	ALETR000	CLS HEALTH	04/23/1956			
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by AARP	Adjustments Remainder
11/04/22	99999	NO SHOW	25.00		0.00	0.00	25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
TRINA G. ALEXANDER	BRITTANY L. HACKNEY FNP	ALETR000	CLS HEALTH	04/23/1956			
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by AARP	Adjustments Remainder
04/29/24	99999	NO SHOW	25.00		0.00	0.00	25.00

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

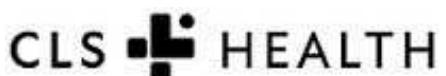
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Amount Due

49.73



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VICTORIA ALEGRIA
1877 CAPRI LN
SEABROOK, TX 77586-2927

(281)796-6836

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEVI000	1
Guarantor	Due Date	Payment Due
VICTORIA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
VICTORIA ALEGRIA	MOHAMED A. KHALIL MD	ALEVI000	CLS HEALTH	11/22/1991
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
05/09/22	99999	NO SHOW	25.00	Paid by TEXAS
				Adjustments Remainder
				25.00

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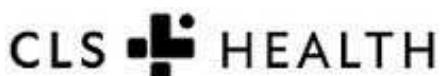
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Amount Due

25.00



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AMBER M. ALFORD
407 KENDALL CREST DR
ALVIN, TX 77511-5117

(832)877-0966

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFAM000	1
Guarantor	Due Date	Payment Due
AMBER M.	Upon Receipt	205.46

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Date of Last Payment: 10/28/2024

Amount of Last Payment: 0.00

Patient: AMBER M. ALFORD	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ALFAM000	Place of Service: HOUSTON	Date of Birth: 12/24/1975
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
11/01/23	49616	Rpr aa hnr rcr 3-10 ncr/strn		2,709.0	-616.36		-1,887.18	205.46

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Amount Due

205.46



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BOBBY J. ALFREY
405 16TH STREET NORTH
TEXAS CITY, TX 77590-7348

(409)392-1719

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFBO000	1
Guarantor	Due Date	Payment Due
BOBBY J.	Upon Receipt	130.20

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Webster, TX 77598

Date of Last Payment:	5/12/2021	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BOBBY J. ALFREY	MOUSTAFA M. AHMED MD	ALFBO000	CLS HEALTH	08/08/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BOON	Adjustments	Reminder
01/11/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00		0.00	-189.40	94.60

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BOBBY J. ALFREY	MOUSTAFA M. AHMED MD	ALFBO000	CLS HEALTH	08/08/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BOON	Adjustments	Reminder
01/21/21	73030	X-ray exam of shoulder	LT	107.00		0.00	-71.40	35.60

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Amount Due

130.20



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281-694-5986

CARLOS ALFARO DE LEON
32337 FORTO LAND RD
LA FERIA, TX 78559-2304

(956)684-7096

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFCA001	1
Guarantor	Due Date	Payment Due
CARLOS	Upon Receipt	225.83

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CARLOS ALFARO DE LEON	JIRIES S. DAHU MD	ALFCA001	ST.LUKE'S	02/10/1986			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
09/09/22	99236	Hosp/Obs - Admit/Disch Same Day Level	651.00		0.00	-425.17	225.83

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Amount Due

225.83



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DIANA L. TORRES
2205 W WALKER ST APT 1232
LEAGUE CITY, TX 77573-6889

(346)310-2153

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFDI000	1
Guarantor	Due Date	Payment Due
DIANA L. TORRES	Upon Receipt	77.75

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Date of Last Payment: 4/25/2024					Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
DIANA L. TORRES	ABDELNASER ELKHALILI MD	ALFDI000	CLS HEALTH	10/04/1993					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder		
10/28/21	99214	OFFICE VISIT EST/LEVEL 4		404.00	-58.88	-41.63	-41.63	-320.74	-17.25
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
DIANA L. TORRES	DANNY M. MOUNIR MD	ALFDI000	CLS HEALTH	10/04/1993					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder		
08/24/22	99213	OFFICE VISIT EST/LEVEL 3		283.00		0.00	-183.00	100.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
DIANA L. TORRES	ABDELNASER ELKHALILI MD	ALFDI000	CLS HEALTH	10/04/1993					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder		
02/07/23	99999	NO SHOW		25.00		0.00	25.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
DIANA L. TORRES	ABDELNASER ELKHALILI MD	ALFDI000	CLS HEALTH	10/04/1993					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Paid by Injectafer Adjustments Remainder		
12/21/22	J1439	Inj ferric carboxymaltos 1mg		2,250.0	-80.00	-1,165.00	-30 -1,005.00 -30.00		

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Amount Due

77.75



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EDWARD ALFRED
221 SARLEE DR
LA MARQUE, TX 77568-6257

(409)692-2526

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFED000	1
Guarantor	Due Date	Payment Due
EDWARD	Upon Receipt	10.41

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Date of Last Payment:			Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
EDWARD ALFRED	REMY TEQWIMUAH MD	ALFED000	UTMB	01/14/1927					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by		
				Charge	Patient Deductible	Medicare	CIGNA		
09/21/21	99220	Observation, Initial - High Severity		559.00	-37.26	-149.05	-29.81	-372.69	7.45
09/22/21	99217	OBSERVATION DISCHARGE		222.00	-14.81	-59.24	-11.85	-147.95	2.96
								Adjustments	Remainder

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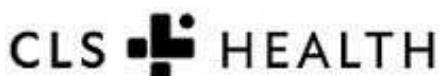
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Amount Due

10.41



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281-694-5986

JEREMIAH L. ALFRED
15835 MARBLE BLUFF LN
HOUSTON, TX 77049-5607

(832)373-1778

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFJE001	1
Guarantor	Due Date	Payment Due
JEREMIAH L.	Upon Receipt	272.92

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Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: JEREMIAH L. ALFRED	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SELPAY			
02/23/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00		-330.00	165.00
02/24/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00		-216.08	107.92

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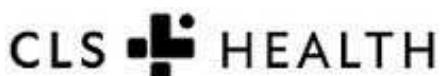
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Amount Due

272.92



PO BOX 58538
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MARIA B. ALFARO MINGUELA
9713 SUMERLIN ST
HOUSTON, TX 77075-4036

(832)526-1898

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMA002	1
Guarantor	Due Date	Payment Due
MARIA B.	Upon Receipt	318.59

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Date of Last Payment:	Amount of Last Payment:
Patient: MARIA B. ALFARO	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
12/12/21	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-400.77	208.23
12/13/21	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-213.64	110.36

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Amount Due

318.59



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281-694-5986

MARICELLA A. ALFARO ROBINS
3106 AVENUE D
DICKINSON, TX 77539-7950

(409)599-6740

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMA003	1
Guarantor	Due Date	Payment Due
MARICELLA A.	Upon Receipt	541.50

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Webster, TX 77598

Date of Last Payment: 12/6/2024					Amount of Last Payment: 0.00				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
MARICELLA A. ALFARO		MOUSTAFA M. AHMED MD		ALFMA003		CLS HEALTH		11/12/1977	
Paid By Applied to									
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Paid by BLUE		Adjustments	Remainder
03/16/23	72148	Mri lumbar spine w/o dye		602.00	-206.02	-180.73	0.00	-421.27	-25.29
Paid By Applied to									
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Paid by BLUE		Adjustments	Remainder
03/27/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-90.46	0.00	-294.54	90.46
06/27/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-89.21	0.00	-297.79	-45.53
Paid By Applied to									
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Paid by BLUE		Adjustments	Remainder
04/24/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-106.43	-90.46	0.00	-294.54	-15.97
05/23/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-106.43	-61.79	0.00	-210.21	-44.64
06/21/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-106.43	-61.79	0.00	-210.21	-44.64
07/19/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-106.43	-61.79	0.00	-210.21	-44.64
08/21/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-106.43		-49.44	-210.21	-94.08
11/15/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-21.92		-61.79	-210.21	-21.92

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281-694-5986

MARICELLA A. ALFARO ROBINS
3106 AVENUE D
DICKINSON, TX 77539-7950

(409)599-6740

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMA003	2
Guarantor	Due Date	Payment Due
MARICELLA A.	Upon Receipt	541.50

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Patient: MARICELLA A. ALFARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	BLUE		
02/27/23	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-161.03	-165.48	0.00	-208.52	4.45
04/20/23	64483	Inj foramen epidural l/s	RT	745.00	-530.40	-213.55	0.00	-531.45	-316.85
04/20/23	64484	Inj foramen epidural add-on	RT	339.00		-92.52	0.00	-246.48	92.52
04/20/23	S0020	Injection, bupivacaine hydro	59	0.01		-0.01	0.00		0.01
04/20/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.98	0.00	-0.02	0.98
04/20/23	J1100	Dexamethasone sodium phos	59	0.01		-0.01	0.00		0.01
04/25/24	62323	Njx interlaminar Imbr/sac		774.00	-268.00	-247.91	0.00	-526.09	-20.09
04/25/24	J3301	Triamcinolone acet inj nos	59	12.00		-5.18	0.00	-6.82	5.18
04/25/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.35	0.00	-0.65	0.35

Patient: MARICELLA A. ALFARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	BLUE		
08/20/23	80307	Drug test prsmv chem analyzr		186.00		-35.56	0.00	-150.44	35.56
01/11/24	80307	Drug test prsmv chem analyzr		186.00		-35.56	0.00	-150.44	35.56
01/11/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81
02/08/24	80307	Drug test prsmv chem analyzr		186.00		-34.18	0.00	-151.82	34.18
02/08/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81
04/04/24	80307	Drug test prsmv chem analyzr		186.00		-34.18	0.00	-151.82	34.18
04/04/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81
05/30/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81
08/22/24	80307	Drug test prsmv chem analyzr		186.00		-34.18	0.00	-151.82	34.18
08/22/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81
09/19/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19	135.81

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MARICELLA A. ALFARO ROBINS
3106 AVENUE D
DICKINSON, TX 77539-7950

(409)599-6740

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMA003	3
Guarantor	Due Date	Payment Due
MARICELLA A.	Upon Receipt	541.50

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Patient: MARICELLA A. ALFARO	Rendering Physician: LORRIE F. POOL APRN	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
09/20/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-134.74	-61.79		-210.21	-134.74
10/18/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-21.28	-61.79		-210.21	-21.28
01/11/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-90.46	0.00	-296.54	-15.97
02/08/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00	-297.79	-17.22
03/07/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00	-297.79	-17.22
04/04/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00	-297.79	-17.22
05/30/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00	-297.79	-17.22
07/25/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00	-297.79	-17.22
08/22/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00	-297.79	-17.22

Patient: MARICELLA A. ALFARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
05/02/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.43	-89.21	0.00		-297.79 -17.22

Patient: MARICELLA A. ALFARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
05/02/24	80307	Drug test prsmv chem analyzer		186.00		-34.18	0.00		-151.82 34.18
05/02/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00		-605.19 135.81

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3106 AVENUE D
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Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMA003	4
Guarantor	Due Date	Payment Due
MARICELLA A.	Upon Receipt	541.50

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Patient: MARICELLA A. ALFARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder	
					Patient Deductible	BLUE			
06/27/24	80307	Drug test prsmv chem analyzr		186.00	-34.18	0.00		-151.82	34.18
06/27/24	G0483	Drug test def 22+ classes		741.00	-135.81	0.00		-605.19	135.81

Patient: MARICELLA A. ALFARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMA003	Place of Service: CLS HEALTH	Date of Birth: 11/12/1977
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder	
					Patient Deductible	BLUE			
09/19/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-106.43	-13.31		-282.04	-14.78

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MICHEAL ALFRED
3403 GARTH RD APT 114
BAYTOWN, TX 77521-3837

(281)746-1166

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMI000	1
Guarantor	Due Date	Payment Due
MICHEAL ALFRED	Upon Receipt	219.40

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Date of Last Payment: 9/26/2022					Amount of Last Payment: -175.19		
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
MICHEAL ALFRED		ALI EZZO MD		ALFMI000	UTMB		08/08/1965
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
07/29/21	99217	OBSERVATION DISCHARGE		222.00	-16.81	-39.24	-165.95 16.81
Patient:					Place of Service:		
MICHEAL ALFRED		REMY TEQWIMUAH MD		ALFMI000	UTMB		08/08/1965
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
07/27/21	99220	Observation, Initial - High Severity		559.00	-54.57	-127.33	-377.10 54.57
Patient:					Place of Service:		
MICHEAL ALFRED		TANYA REID FNP		ALFMI000	UTMB		08/08/1965
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
10/07/21	99220	Observation, Initial - High Severity		559.00	-36.29	-84.67	-438.04 36.29
Patient:					Place of Service:		
MICHEAL ALFRED		MOUSTAFA M. AHMED MD		ALFMI000	CLS HEALTH		08/08/1965
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
12/13/21	99999	NO SHOW		25.00		0.00	25.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMI000	2
Guarantor	Due Date	Payment Due
MICHEAL ALFRED	Upon Receipt	219.40

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHEAL ALFRED	ALI EZZO MD	ALFMI000	UTMB	08/08/1965

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
12/26/21	99220	Observation, Initial - High Severity		550.00		-42.69	-99.62	-407.69	42.69

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHEAL ALFRED	REMY TEQWIMUAH MD	ALFMI000	UTMB	08/08/1965

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
12/27/21	99217	OBSERVATION DISCHARGE		220.00		-21.49	-50.16	-148.35	21.49

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHEAL ALFRED	MOUSTAFA M. AHMED MD	ALFMI000	CLS HEALTH	08/08/1965

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BRIGHT		
06/30/22	94760	Measure blood oxygen level		7.00		0.00		-4.45	2.55

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHEAL ALFRED	MOUSTAFA M. AHMED MD	ALFMI000	Pain	08/08/1965

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BRIGHT		
06/30/22	G0483	Drug test def 22+ classes		741.00		-175.19		-555.81	10.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMI000	3
Guarantor	Due Date	Payment Due
MICHEAL ALFRED	Upon Receipt	219.40

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Patient: MICHEAL ALFRED	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALFMI000	Place of Service: Pain	Date of Birth: 08/08/1965
-----------------------------------	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to Charge	Paid by	Adjustments	Remainder
08/01/22	G0483	Drug test def 22+ classes		741.00		-175.19	-555.81	10.00

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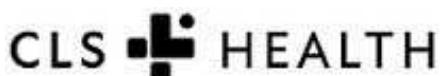
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Amount Due

219.40



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RONALD D. ALFORD
906 AZALEA POINTE
LEAGUE CITY, TX 77573-7740

(281)620-0661

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFRO001	1
Guarantor	Due Date	Payment Due
RONALD D.	Upon Receipt	43.09

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Date of Last Payment: 11/27/2024

Amount of Last Payment: -6.91

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
RONALD D. ALFORD	ROHIT R. DHIR MD	ALFRO001	CLS HEALTH	11/01/1956			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
05/24/21	99992	NO SHOW	50.00	-6.91	0.00		43.09

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43.09



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ROSA C. ALFARO
2303 KINGFISH RD
TEXAS CITY, TX 77591-9202

(832)580-6452

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFRO002	1
Guarantor	Due Date	Payment Due
ROSA C. ALFARO	Upon Receipt	21.55

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Date of Last Payment: 10/22/2024

Amount of Last Payment: -111.93

Patient: ROSA C. ALFARO	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALFRO002	Place of Service: CLS HEALTH	Date of Birth: 03/23/1969
-----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
06/06/23	73130	X-rayexam of hand	LT	112.00	-23.01	-22.82	-79.40	-13.23
06/06/23	73130	X-rayexam of hand	RT	112.00		-22.82	-79.40	9.78

Patient: ROSA C. ALFARO	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALFRO002	Place of Service: CLS HEALTH	Date of Birth: 03/23/1969
-----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/12/24	99999	NO SHOW		25.00		0.00	25.00

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21.55



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SYLVIA ALFARO
2320 CHERRYBROOK LN APT 318
PASADENA, TX 77502-6102

(713)577-9152

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFSY000	1
Guarantor	Due Date	Payment Due
SYLVIA ALFARO	Upon Receipt	80.79

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Date of Last Payment: 4/14/2021			Amount of Last Payment: -172.88						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
SYLVIA ALFARO		ABDELNASER ELKHALILI MD	ALFSY000	CLS HEALTH	09/27/1953				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Paid by TMHP	Adjustments	Remainder
03/04/21	99205	OFFICE VIST NEW LEVEL 5		690.00		-172.88	0.00	-473.90	43.22
04/22/21	99215	OFFICE VISIT EST/LEVEL 5		564.00		-150.28	0.00	-376.15	37.57

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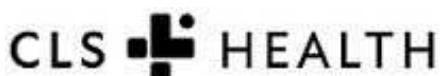
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Amount Due

80.79



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WALTER ALFRED
PO BOX 90
NEWTON, TX 75966-0090

(409)379-3394

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFWA000	1
Guarantor	Due Date	Payment Due
WALTER ALFRED	Upon Receipt	50.00

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Date of Last Payment: 1/26/2023		Amount of Last Payment: -49.62		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WALTER ALFRED	ABDELNASER ELKHALILI MD	ALFWA000	CLS HEALTH	03/15/1951
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by CIGNA
07/28/22	99204	OFFICE VIST NEW LEVEL 4	GT 521.00	-84.50
				-386.50 50.00

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WILBER ALFONSO PERALTA
3777 S GESSNER RD
HOUSTON, TX 77063-5212

(346)255-2099

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFWI001	1
Guarantor	Due Date	Payment Due
WILBER	Upon Receipt	97.91

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Date of Last Payment: 12/12/2024

Amount of Last Payment: -144.20

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILBER ALFONSO	MOUSTAFA M. AHMED MD	ALFWI001	CLS HEALTH	10/06/1984

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE		
09/16/24	80307	Drug test prsmv chem anlyzr		186.00		-27.34	-151.82	6.84
09/16/24	G0483	Drug test def 22+ classes		741.00		-108.65	-605.19	27.16

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILBER ALFONSO	CATHERINE I. AGALA FNP-C	ALFWI001	CLS HEALTH	10/06/1984

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE		
01/17/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00	-70.77	0.00	-316.23	70.77

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILBER ALFONSO	MOUSTAFA M. AHMED MD	ALFWI001	CLS HEALTH	10/06/1984

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	BLUE		
09/16/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-31.92	-58.48	-303.46	-6.86

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YVETTE ALFREY
406 DEATS RD APT 21
DICKINSON, TX 77539-4243

(281)846-4585

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFYV000	1
Guarantor	Due Date	Payment Due
YVETTE ALFREY	Upon Receipt	191.97

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
YVETTE ALFREY	KAREEM GADELMOLA MD	ALFYV000	MAINLAND	01/04/1974			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
03/05/22	99220	Observation, Initial - High Severity	550.00		0.00	-358.03	191.97

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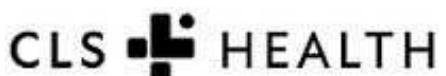
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CEDRIC L. ALGOOD
1 N CURLEW ST
LA MARQUE, TX 77568-6523

(281)541-6898

Statement Date	Invoice Number	Page
02/10/2025	CLS ALGCE000	1
Guarantor	Due Date	Payment Due
CEDRIC L.	Upon Receipt	25.00

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Date of Last Payment: 5/23/2024		Amount of Last Payment: -169.80				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
CEDRIC L. ALGOOD	GERARD ABREO MD	ALGCE000	CLS HEALTH	04/16/1952		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible WELCARE	Adjustments	Remainder
02/20/24	93284	Prgrmg eval implantable dfb	313.00	-77.66	-210.34	25.00

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Amount Due

25.00



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

AMANI K. ALHUMMOURI
18833 TOWN RIDGE LN
WEBSTER, TX 77598-1574

(346)375-4393

Statement Date	Invoice Number	Page
02/10/2025	CLS ALHAM000	1
Guarantor	Due Date	Payment Due
AMANI K.	Upon Receipt	10.00

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Date of Last Payment: 12/17/2024

Amount of Last Payment: 0.00

Patient: AMANI K. ALHUMMOURI	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALHAM000	Place of Service: CLS HEALTH	Date of Birth: 02/04/1967
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder
				Charge	Patient Deductible	BLUE		
05/22/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00		-152.22	-506.78	10.00

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

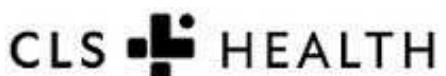
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Amount Due

10.00



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

MOHAMAD ALHAMAWI
9618 FM 1462 RD
ALVIN, TX 77511-0268

(832)586-5953

Statement Date	Invoice Number	Page
02/10/2025	CLS ALHMO000	1
Guarantor	Due Date	Payment Due
MOHAMAD	Upon Receipt	165.00

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Webster, TX 77598

Date of Last Payment: 3/3/2023

Amount of Last Payment: -328.73

Patient: MOHAMAD ALHAMAWI	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALHMO000	Place of Service: UTMB	Date of Birth: 03/15/1954
-------------------------------------	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
05/27/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00	-330.00	165.00

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

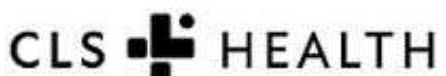
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Amount Due

165.00



PO BOX 58538
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281-694-5986

MUSTAFA ALHAJAMI
1200 N DAIRY ASHFORD RD
HOUSTON, TX 77079-3036

(832)278-5511

Statement Date	Invoice Number	Page
02/10/2025	CLS ALHMU000	1
Guarantor	Due Date	Payment Due
MUSTAFA	Upon Receipt	30.00

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Webster, TX 77598

Date of Last Payment: 7/10/2024		Amount of Last Payment: -175.05		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MUSTAFA ALHAJAMI	MAZEN NOUREDDIN MD	ALHMU000	CLS HEALTH	09/11/1989
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by BLUE
06/18/24	99205	OFFICE VIST NEW LEVEL 5	669.00	-175.05
				Adjustments Remainder -463.95 30.00

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Amount Due

30.00



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ASAD ALI
3134 LONG BOUGH CT
HOUSTON, TX 77059-2822

(832)339-0069

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIAS000	1
Guarantor	Due Date	Payment Due
ASAD ALI	Upon Receipt	57.32

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	5/26/2021	Amount of Last Payment:	0.00
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Patient: ASAD ALI	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALIAS000	Place of Service: CLS HEALTH	Date of Birth: 09/05/1995
-----------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
04/27/21	99213	OFFICE VISIT EST/LEVEL 3		284.00	-80.00	-72.69	0.00		-211.31	-7.31
04/27/21	51798	Us urine capacity measure		32.00		-11.94	0.00		-20.06	11.94
04/27/21	81000	Urinalysis nonauto w/scope		12.00		-2.69	0.00		-9.31	2.69
04/20/21	99992	NO SHOW		50.00			0.00			50.00

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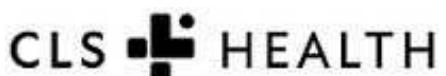
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If remitting payment via mail in check, Please include statement.

Amount Due

57.32



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

ASHOUR S. ALI
1911 MICHELE DR
SUGAR LAND, TX 77498-2248

(803)445-7770

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIAS002	1
Guarantor	Due Date	Payment Due
ASHOUR S. ALI	Upon Receipt	50.00

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 10/13/2023

Amount of Last Payment: -0.20

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
ASHOUR S. ALI	ROHIT R. DHIR MD	ALIAS002	CLS HEALTH	07/01/1945					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
11/29/23	99992	NO SHOW		50.00		0.00	0.00		50.00

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Amount Due

50.00



PO BOX 58538
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281-694-5986

ELIZABETH ALICEA
3004 BARRINGTON SPRINGS LN
DICKINSON, TX 77539-0319

(832)805-2618

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIEL000	1
Guarantor	Due Date	Payment Due
ELIZABETH	Upon Receipt	125.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 12/31/2024	Amount of Last Payment: -181.41
----------------------------------	---------------------------------

Patient: ELIZABETH ALICEA	Rendering Physician: RAZI M. RASHID MD	Chart Number: ALIEL000	Place of Service: CLS HEALTH	Date of Birth: 09/28/1987
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/08/21	99999	NO SHOW		25.00		0.00	25.00
06/11/21	99999	NO SHOW		25.00		0.00	25.00
06/22/21	99999	NO SHOW		25.00		0.00	25.00
06/24/21	99999	NO SHOW		25.00		0.00	25.00
06/15/21	99999	NO SHOW		25.00		0.00	25.00

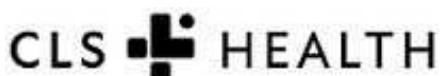
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Call 281-694-5986

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

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

Amount Due
125.00



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

FARHAT ALI
16100 SPACE CENTER BLVD
HOUSTON, TX 77062-6252

(832)898-7192

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIFA000	1
Guarantor	Due Date	Payment Due
FARHAT ALI	Upon Receipt	34.10

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	2/29/2024	Amount of Last Payment:	-245.59
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FARHAT ALI	ZEID F. KARADSHEH MD	ALIFA000	BAY AREA	07/12/1974

Dates	Procedure	Description	Paid By		Paid by BLUE	Adjustments	Remainder	
			Modifier	Charge				
01/23/24	45385	Colonoscopy w/lesion removal		765.00	-47.75	-176.18	-530.10	10.97
01/23/24	45380	Colonoscopy and biopsy	59	605.00		-69.41	-512.46	23.13

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

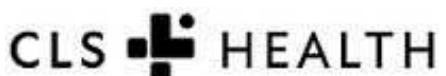
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To make a payment online, go to cls.health/payment

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

Amount Due

34.10



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

HOSSEIN H. ALIZADEH
10303 TOWNEVIEW DR
SUGAR LAND, TX 77498-1549

(281)787-8679

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIHO000	1
Guarantor	Due Date	Payment Due
HOSSEIN H.	Upon Receipt	60.92

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Webster, TX 77598

Date of Last Payment: 9/5/2024

Amount of Last Payment: -71.47

Patient: HOSSEIN H. ALIZADEH	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALIHO000	Place of Service: CLS HEALTH	Date of Birth: 02/04/1962
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/15/24	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-42.57	-78.75	-242.75	9.93

Patient: HOSSEIN H. ALIZADEH	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALIHO000	Place of Service: CLS HEALTH	Date of Birth: 02/04/1962
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/15/24	80307	Drug test prsmv chem analyzer		186.00		-23.93	-151.82	10.25
04/15/24	G0483	Drug test def 22+ classes		741.00		-95.07	-605.19	40.74

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Amount Due

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60.92



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281-694-5986

LIAQAT ALI
12815 SARA BETH WAY
HOUSTON, TX 77089-1567

(832)340-5839

Statement Date	Invoice Number	Page
02/10/2025	CLS ALILI000	1
Guarantor	Due Date	Payment Due
LIAQAT ALI	Upon Receipt	13.98

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Webster, TX 77598

Date of Last Payment: 6/13/2024		Amount of Last Payment: -250.89				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
LIAQAT ALI	ZEID F. KARADSHEH MD	ALILI000	CLS HEALTH	02/15/1959		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
06/08/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-112.00	-125.98	0.00
						-377.02
						13.98

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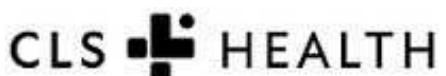
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Amount Due

13.98



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281-694-5986

MANZOOR ALI
2006 VIRTUE CT
LEAGUE CITY, TX 77573-4844

(832)385-1119

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIMA000	1
Guarantor	Due Date	Payment Due
MANZOOR ALI	Upon Receipt	77.03

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: MANZOOR ALI	0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MANZOOR ALI	MAHESWARY	ALIMA000	CLEAR LAKE	06/19/1940

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by MEDICARE	Adjustments		Remainder
				Charge	Applied to					
07/14/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00		-41.05	-164.19		-410.76	41.05
07/15/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-21.17	-84.69		-212.14	21.17
07/16/21	99238	Hospital discharge day		222.00		-14.81	-59.24		-147.95	14.81

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Amount Due

77.03



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281-694-5986

NAZIH K. ALI
12703 CARDINAL CRESCENT LN
HOUSTON, TX 77089-1698

(281)902-8653

Statement Date	Invoice Number	Page
02/10/2025	CLS ALINA001	1
Guarantor	Due Date	Payment Due
NAZIH K. ALI	Upon Receipt	318.49

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Date of Last Payment: 12/17/2024

Amount of Last Payment: 0.00

Patient: NAZIH K. ALI	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALINA001	Place of Service: CLS HEALTH	Date of Birth: 12/24/1951
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	
01/02/24	99204	OFFICE VIST NEW LEVEL 4		507.00	-127.73	-169.00	0.00	-338.00	41.27

Patient: NAZIH K. ALI	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALINA001	Place of Service: CLS HEALTH	Date of Birth: 12/24/1951
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	
01/02/24	73565	X-ray exam of knees		119.00		-31.79	0.00	-87.21	31.79
01/02/24	73551	X-ray exam of femur 1		176.00		-46.76	0.00	-129.24	46.76

Patient: NAZIH K. ALI	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALINA001	Place of Service: CLS HEALTH	Date of Birth: 12/24/1951
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	
01/02/24	L1820	KO ELAS W/ CONDYLE PADS & JO	LT	475.00		-118.72	0.00	-356.28	118.72

Patient: NAZIH K. ALI	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ALINA001	Place of Service: CLS HEALTH	Date of Birth: 12/24/1951
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	
01/17/24	97162	Pt eval mod complex 30 min	GP	300.00		-79.95	0.00	-220.05	79.95

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Amount Due

318.49



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281-694-5986

OMAR ALI
4523 JUNIPER RIDGE LN
MANVEL, TX 77578-2039

(713)884-6062

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIOM000	1
Guarantor	Due Date	Payment Due
OMAR ALI	Upon Receipt	222.17

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Date of Last Payment: 9/13/2024					Amount of Last Payment: -230.15			
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:
OMAR ALI		REGINA R. PILLAI MD		ALIOM000		CLS HEALTH		11/14/1992
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
10/13/22	71046	X-ray exam chest 2 views		107.00	-35.54	-25.82	0.00	-81.18 -9.72
Patient:					Place of Service:			
OMAR ALI		Rendering Physician:		Chart Number:		Date of Birth:		
		REGINA PILLAI MD		ALIOM000		CLS HEALTH		11/14/1992
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
10/13/22	99205	OFFICE VIST NEW LEVEL 5	25	689.00	-220.00	-202.42	0.00	-486.58 -17.58
Patient:					Place of Service:			
OMAR ALI		Rendering Physician:		Chart Number:		Date of Birth:		
		REGINA PILLAI MD		ALIOM000		CLS HEALTH		11/14/1992
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
10/13/22	94729	Co/membane diffuse capacity		185.00	-20.17	-49.19	0.00	-135.81 29.02
10/13/22	J7613	Albuterol non-comp unit		2.00		-0.16	0.00	-1.84 0.16
Patient:					Place of Service:			
OMAR ALI		Rendering Physician:		Chart Number:		Date of Birth:		
		HIRA H. MIRZA DPM		ALIOM000		CLS HEALTH		11/14/1992
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
12/04/23	99203	OFFICE VIST NEW LEVEL 3		339.00		-106.08	0.00	-232.92 106.08
12/04/23	73630	X-ray exam of foot	RT	104.00		-25.53	0.00	-78.47 25.53
12/20/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-94.83	-72.69	0.00	-199.31 -22.14

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OMAR ALI
4523 JUNIPER RIDGE LN
MANVEL, TX 77578-2039

(713)884-6062

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIOM000	2
Guarantor	Due Date	Payment Due
OMAR ALI	Upon Receipt	222.17

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01/12/24	99213	OFFICE VISIT EST/LEVEL 3	274.00	-94.83	-72.69	0.00	-201.31	-22.14	
01/12/24	73630	X-ray exam of foot	RT	102.00	-33.95	-25.53	0.00	-76.47	-8.42

Patient: OMAR ALI	Rendering Physician: HIRA H. MIRZA DPM	Chart Number: ALIOM000	Place of Service:	Date of Birth: 11/14/1992
-----------------------------	--	----------------------------------	-------------------	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
12/04/23	L4360	WALKING BOOT, PNEUMATIC	KX	891.00		-141.38	0.00		-749.62 141.38

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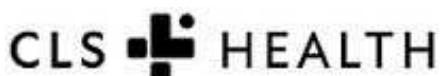
Call 281-694-5986

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

Amount Due

222.17



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

SALEM G. ALI
711 FM 1959 RD APT 1615
HOUSTON, TX 77034-5541

(832)744-4700

Statement Date	Invoice Number	Page
02/10/2025	CLS ALISA000	1
Guarantor	Due Date	Payment Due
SALEM G. ALI	Upon Receipt	25.00

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: **12/20/2024**

Amount of Last Payment: **-84.42**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SALEM G. ALI	MAHMOOD DWEIK MD	ALISA000	CLS HEALTH	03/19/1959			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
12/12/22	99999	NO SHOW	25.00		0.00		25.00

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

Call 281-694-5986

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Amount Due

25.00



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

SHAKEEL ALI
551 WINBURN TIDE LN
LA PORTE, TX 77571-5341

(713)935-5343

Statement Date	Invoice Number	Page
02/10/2025	CLS ALISH000	1
Guarantor	Due Date	Payment Due
SHAKEEL ALI	Upon Receipt	12.80

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Webster, TX 77598

Date of Last Payment: 6/3/2022

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:								
SHAKEEL ALI	ZULFIQAR CHEEMA MD	ALISH000	CLS HEALTH	03/01/1980								
Dates	Procedure	Description	Paid By	Applied to	Paid by	Modifer	Charge	Patient	Deductible	ALLIED	Adjustments	Remainder
04/19/22	99204	OFFICE VIST NEW LEVEL 4	521.00	-213.00	-225.80	0.00					-295.20	12.80

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

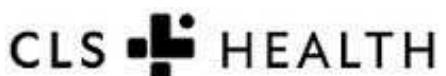
Call 281-694-5986

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Amount Due

12.80



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

SYED A. ALI
711 FM 1959 RD APT 1702
HOUSTON, TX 77034-5542

(832)788-9548

Statement Date	Invoice Number	Page
02/10/2025	CLS ALISY001	1
Guarantor	Due Date	Payment Due
SYED A. ALI	Upon Receipt	203.15

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Date of Last Payment: 11/22/2024

Amount of Last Payment: -6.64

Patient: SYED A. ALI	Rendering Physician: MAHESWARY	Chart Number: ALISY001	Place of Service: CLEAR LAKE	Date of Birth: 09/19/1954
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
11/04/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15

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Amount Due

203.15



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281-694-5986

OLGA ALJURE
520 PINE RIDGE CT
FRIENDSWOOD, TX 77546-6427

(361)877-0934

Statement Date	Invoice Number	Page
02/10/2025	CLS ALJOL000	1
Guarantor	Due Date	Payment Due
OLGA ALJURE	Upon Receipt	25.67

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Date of Last Payment: 3/20/2024		Amount of Last Payment: -99.56		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
OLGA ALJURE	ROHIT R. DHIR MD	ALJOL000	CLS HEALTH	09/05/1944
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/02/22	99992	NO SHOW	50.00	-24.33
				0.00
				25.67
Adjustments		Remainder		

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

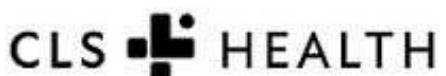
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To make a payment online, go to cls.health/payment

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Amount Due

25.67



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281-694-5986

OMAR ALJAMAL
4001 NASA PKWY APT 133
SEABROOK, TX 77586-6228

(606)200-8866

Statement Date	Invoice Number	Page
02/10/2025	CLS ALJOM000	1
Guarantor	Due Date	Payment Due
OMAR ALJAMAL	Upon Receipt	20.00

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Webster, TX 77598

Date of Last Payment: 11/29/2022

Amount of Last Payment: -53.15

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
OMAR ALJAMAL	VENKATA K. JONNA MD	ALJOM000	CLS HEALTH	03/02/1990			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Reminder
10/25/22	73565	X-ray exam of knees	129.00		-22.61	-86.39	20.00

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Amount Due

20.00



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AMJAD AL KISWANI
5623 VAL VERDE ST
HOUSTON, TX 77057-5715

(832)404-4880

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKAM001	1
Guarantor	Due Date	Payment Due
AMJAD AL	Upon Receipt	40.45

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 7/3/2024	Amount of Last Payment: -324.35
--------------------------------	---------------------------------

Patient: AMJAD AL KISWANI	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALKAM001	Place of Service: CLS HEALTH	Date of Birth: 01/12/1965
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
04/08/24	51798	Us urine capacity measure		34.00		-7.34	-24.22	2.44
04/08/24	81000	Urinalysis nonauto w/scope		12.00		-2.11	-9.19	0.70
04/09/24	51720	Treatment of bladder lesion	52	267.00		-15.02	-246.97	5.01
04/09/24	51784	Anal/urinary muscle study		194.00		-43.79	-135.61	14.60
04/09/24	51741	Electro-uroflowmetry first		44.00		-9.63	-31.16	3.21
04/09/24	51798	Us urine capacity measure		34.00		-7.34	-24.22	2.44
04/12/24	51728	Cystometrogram w/tp	52	1,086.0	-50.00	-125.42	-918.78	-8.20
04/12/24	51784	Anal/urinary muscle study		194.00		-43.79	-135.61	14.60
04/12/24	51741	Electro-uroflowmetry first		44.00		-9.63	-31.16	3.21
04/12/24	51798	Us urine capacity measure		34.00		-7.34	-24.22	2.44

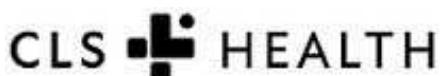
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Amount Due
40.45



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ASFAD ALKUBAISI
14814 PERTHSHIRE RD APT 212
HOUSTON, TX 77079-7649

(832)774-6209

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKAS000	1
Guarantor	Due Date	Payment Due
ASFAD	Upon Receipt	60.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	3/26/2024	Amount of Last Payment:	-171.94
Patient: ASFAD ALKUBAISI	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ALKAS000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
03/04/24	99215	OFFICE VISIT EST/LEVEL 5	Q6	546.00		-171.94		-364.06
01/02/24	99999	NO SHOW	Q6	25.00		0.00		25.00
05/21/24	99999	NO SHOW	Q6	25.00		0.00		25.00

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

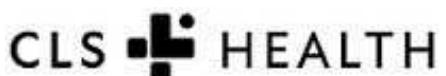
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Amount Due

60.00



PO BOX 58538
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281-694-5986

FARES ALKANDERI
1700 E 13TH ST APT 10V
CLEVELAND, OH 44114-3217

(818)860-6931

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKFA000	1
Guarantor	Due Date	Payment Due
FARES	Upon Receipt	50.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FARES ALKANDERI	ROHIT R. DHIR MD	ALKFA000	CLS HEALTH	02/14/1999
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/15/21	99992	NO SHOW	50.00	0.00
				Adjustments Remainder 50.00

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Amount Due

50.00



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281-694-5986

FATIMA S. ALKUTEIFANI
971 RICHVALE LN
HOUSTON, TX 77062-4327

(713)474-0958

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKFA001	1
Guarantor	Due Date	Payment Due
FATIMA S.	Upon Receipt	523.20

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Date of Last Payment: 1/4/2024			Amount of Last Payment: -68.57		
Patient: FATIMA S. ALKUTEIFANI	Rendering Physician: JIHAD M. HARMOUCHE MD		Chart Number: ALKFA001	Place of Service: CLS HEALTH	Date of Birth: 01/21/1994

Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
06/16/22	99202	OFFICE VIST NEW LEVEL 2	25	228.00	-74.39	0.00	-153.61	74.39	
06/16/22	96372	Ther/proph/diag inj sc/im		45.00	-14.48	0.00	-30.52	14.48	
06/16/22	J2790	Rho d immune globulin inj		237.00	-150.00	-118.00	-44.64	-119.00	-76.64
06/22/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-105.88	0.00	-294.12	65.88
06/28/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-105.88	0.00	-294.12	65.88
08/01/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-100.76	-3.08	-294.12	62.80
08/01/22	81000	Urinalysis nonauto w/scope		12.00		-1.62		-9.31	1.07
09/13/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-48.37	-63.53		-294.12	-6.02
09/13/22	76830	Transvaginal us non-ob	59	385.00		-59.88		-285.21	39.91

Patient: FATIMA S. ALKUTEIFANI			Rendering Physician: JIHAD M. HARMOUCHE MD			Chart Number: ALKFA001			Place of Service: CLS HEALTH		Date of Birth: 01/21/1994	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by BLUE		Adjustments	Remainder		

Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
09/13/22	76856	Us exam pelvic complete	TC	236.00		-36.73	-174.79	24.48	
09/14/22	76856	Us exam pelvic complete	26	104.00		-17.06	-75.57	11.37	

Patient: FATIMA S. ALKUTEIFANI			Rendering Physician: JIHAD M. HARMOUCHE MD			Chart Number: ALKFA001			Place of Service: CLS HEALTH		Date of Birth: 01/21/1994	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by BLUE		Adjustments	Remainder		

Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
08/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-40.00	-105.88	0.00	-279.12	65.88
08/15/23	76801	OB US < 14 WKS SINGLE FETUS		358.00		-100.37	0.00	-257.63	100.37

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Amount Due

Continued



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FATIMA S. ALKUTEIFANI
971 RICHVALE LN
HOUSTON, TX 77062-4327

(713)474-0958

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKFA001	2
Guarantor	Due Date	Payment Due
FATIMA S.	Upon Receipt	523.20

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08/15/23	81025	Urine pregnancy test		26.00	-5.77	0.00	-20.23	5.77
08/15/23	81000	Urinalysis nonauto w/scope		12.00	-2.69	0.00	-9.31	2.69
08/29/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-40.00	-63.53	-279.12	2.35
08/29/23	80307	Drug test prsmv chem analyzr		186.00		-21.34	-150.44	14.22
08/29/23	G0483	Drug test def 22+ classes		741.00		-81.49	-605.19	54.32

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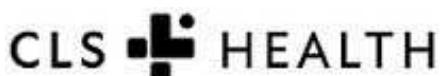
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Amount Due

523.20



PO BOX 58538
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281-694-5986

FATHI ALKABOUNI
21111 N BASILDON CT
HOUSTON, TX 77073-2942

(713)366-2919

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKFA002	1
Guarantor	Due Date	Payment Due
FATHI	Upon Receipt	50.00

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Date of Last Payment: 1/2/2024

Amount of Last Payment: -103.17

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
FATHI ALKABOUNI	ABDULHADI M. AKHTAR MD	ALKFA002	CLS HEALTH	04/06/1943					
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Paid by TMHP	Adjustments	Reminder
01/17/24	99992	NO SHOW	50.00		0.00	0.00	0		50.00

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Amount Due

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IAN ALKIRE
2108 BAILEY FRST
SAN ANTONIO, TX 78253-4459

(573)433-6586

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKIA000	1
Guarantor	Due Date	Payment Due
IAN ALKIRE	Upon Receipt	89.43

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Date of Last Payment:	4/11/2024	Amount of Last Payment:	-357.71
Patient: IAN ALKIRE	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALKIA000	Place of Service: CLEAR LAKE

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TRICARE		
03/22/24	99223	1ST HOSP IP/OBS HIGH 75	57	521.00		-114.35	-378.06	28.59
03/22/24	41009	Drainage of mouth lesion		883.00		-189.09	-646.64	47.27
03/22/24	42140	Excision of uvula	52	507.00		-54.27	-439.16	13.57

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Amount Due

89.43



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281-694-5986

SALEH M. ALKUWARI
3410 FOURSOME LN
SUGAR LAND, TX 77498-4695

(779)200-0512

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKSA000	1
Guarantor	Due Date	Payment Due
SALEH M.	Upon Receipt	607.58

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SALEH M. ALKUWARI		JIRIES S. DAHU MD	ALKSA000	MEMORIAL	01/01/1952
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY
					Adjustments Remainder
04/28/21	99223	INITIAL HOSPITAL/HIGH	616.00	0.00	-407.77 208.23
04/29/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-210.95 107.05
04/30/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-210.95 107.05
05/01/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-146.11 74.89
05/02/21	99239	HOSPITAL DISCHARGE, LONG	327.00	0.00	-216.64 110.36

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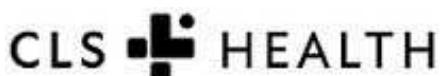
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Amount Due

607.58



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281-694-5986

VASILIA ALKHALDI
2323 MCCUE RD
HOUSTON, TX 77056-4683

(346)563-1711

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKVA000	1
Guarantor	Due Date	Payment Due
VASILIA	Upon Receipt	65.00

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Date of Last Payment: 11/10/2023

Amount of Last Payment: -122.60

Patient: VASILIA ALKHALDI	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALKVA000	Place of Service: CLS HEALTH	Date of Birth: 02/13/1987
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Communi
01/05/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-106.77		-331.23	65.00

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Amount Due

65.00



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281-694-5986

ABDULKARIM ALLAOU
9100 GALVESTON RD
HOUSTON, TX 77034-3924

(281)282-0666

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAB000	1
Guarantor	Due Date	Payment Due
ABDULKARIM	Upon Receipt	75.00

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or scan the QR Code



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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 1/29/2024		Amount of Last Payment: -25.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ABDULKARIM ALLAOU	MAHMOOD DWEIK MD	ALLAB000	CLS HEALTH	04/30/1943
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/29/24	99244	OFFICE CONSULTATION/LEVEL 4	374.00	-25.00
				Paid by CASH
				Adjustments Remainder
				-274.00 75.00

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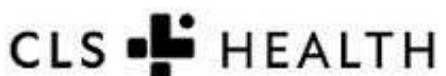
Call 281-694-5986

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Amount Due

75.00



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

AHMAD H. ALLAOU
4502 PINE HEATHER CT
HOUSTON, TX 77059-3289

(832)331-5135

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAH000	1
Guarantor	Due Date	Payment Due
AHMAD H.	Upon Receipt	13.82

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: 10/31/2022	Amount of Last Payment: -58.79			
Patient: AHMAD H. ALLAOU	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ALLAH000	Place of Service: CLS HEALTH	Date of Birth: 08/31/2000

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
10/12/22	97032	Electrical stimulation	GP	46.00	-45.00	-5.12	-35.75	-39.87
10/12/22	97110	Therapeutic exercises	GP	93.00		-10.61	-71.77	10.62
10/12/22	97530	Therapeutic activities	GP	117.00		-13.78	-89.43	13.79
10/12/22	97162	Pt eval mod complex 30 min	GP	316.00		-29.28	-257.44	29.28

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Amount Due

13.82



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Webster, TX 77598
281-694-5986

AMY L. ALLEN
1404 WATERSIDE DR
LEAGUE CITY, TX 77573-0860

(281)549-7096

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAM000	1
Guarantor	Due Date	Payment Due
AMY L. ALLEN	Upon Receipt	31.63

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	11/20/2024	Amount of Last Payment:	-45.00
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Patient: AMY L. ALLEN	Rendering Physician: RUDY LOZANO CARREON MD	Chart Number: ALLAM000	Place of Service: CLS HEALTH	Date of Birth: 10/05/1979
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
09/14/23	99205	OFFICE VIST NEW LEVEL 5		664.00	-29.91	-355.56	-263.09	15.44
10/12/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		-103.17	-255.51	26.32
10/12/23	90833	Psyt/w pt w/e/m 30 min		214.00		-55.84	-143.92	14.24
01/11/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-100.00	-101.14	-260.06	-74.20
01/11/24	90833	Psyt/w pt w/e/m 30 min		217.00		-56.79	-145.72	14.49

Patient: AMY L. ALLEN	Rendering Physician: RUDY LOZANO CARREON MD	Chart Number: ALLAM000	Place of Service: CLS HEALTH	Date of Birth: 10/05/1979
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
11/15/23	99214	OFFICE VISIT EST/LEVEL 4	95	385.00		-103.17	-255.51	26.32
11/15/23	90833	Psyt/w pt w/e/m 30 min	95	214.00		-55.84	-143.92	14.24
12/13/23	99215	OFFICE VISIT EST/LEVEL 5	95	540.00	-66.72	-144.59	-358.53	-29.84
12/13/23	90833	Psyt/w pt w/e/m 30 min	95	214.00		-55.84	-143.92	14.24
02/07/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00	-29.91	-101.14	-260.06	-4.11
02/07/24	90833	Psyt/w pt w/e/m 30 min	95	217.00		-56.79	-145.72	14.49

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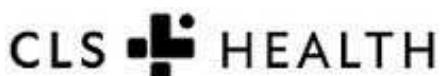
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Amount Due

31.63



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ANGANETTA L. ALLEN
629 CRYSTAL LN
DICKINSON, TX 77539-9767

(409)916-4898

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAN003	1
Guarantor	Due Date	Payment Due
ANGANETTA L.	Upon Receipt	25.00

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Date of Last Payment: 10/29/2024

Amount of Last Payment: -560.13

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ANGANETTA L. ALLEN	ZULFIQAR CHEEMA MD	ALLAN003	CLS HEALTH	02/19/1967			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by EVERCARE	Adjustments	Remainder
12/03/21	99999	NO SHOW	25.00		0.00		25.00

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ANNETTE ALLEN
6218 SUNDOWN LN
BAYTOWN, TX 77523-3518

(713)818-7993

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAN004	1
Guarantor	Due Date	Payment Due
ANNETTE ALLEN	Upon Receipt	14.37

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Webster, TX 77598

Date of Last Payment: **5/3/2022**

Amount of Last Payment: **-270.13**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ANNETTE ALLEN	JIRIES S. DAHU MD	ALLAN004	MEMORIAL	10/30/1965			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Reminder
03/23/22	99220	Observation, Initial - High Severity	Modifier	Charge	Patient Deductible	BLUE	

550.00 -167.53

-368.10 14.37

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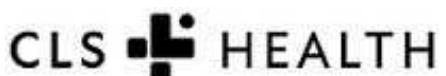
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Amount Due

14.37



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ANNIKA ALLAM
424 ARLINGTON ST
HOUSTON, TX 77007-2618

(713)732-7716

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAN006	1
Guarantor	Due Date	Payment Due
ANNIKA ALLAM	Upon Receipt	54.75

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Date of Last Payment: 7/22/2024		Amount of Last Payment: -100.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANNIKA ALLAM	PRATHYUSHA SAVJANI MD	ALLAN006	THE HEIGHTS	12/04/2014
Dates Procedure Description Paid By Applied to Paid by				
		Modifier Charge	Patient Deductible	Paid by CIGNA
02/12/24	99203	OFFICE VIST NEW LEVEL 3	338.00	-35.00
				0.00
				-248.25
				54.75

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

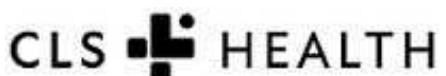
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Amount Due

54.75



PO BOX 58538
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281-694-5986

ASHLEY F. ALLYN
2125 KEMAH VILLAGE DR
KEMAH, TX 77565-1717

(281)513-0737

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAS000	1
Guarantor	Due Date	Payment Due
ASHLEY F.	Upon Receipt	116.37

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Date of Last Payment: 7/31/2024		Amount of Last Payment: -25.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ASHLEY F. ALLYN	ROHIT R. DHIR MD	ALLAS000	BAY AREA	04/02/1991
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
04/04/24	52356	Cysto/uretero w/lithotripsy	58	1,254.0
				Paid by BLUE
				Adjustments Remainder
				-672.11 116.37

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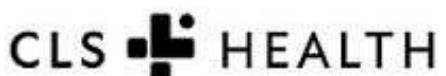
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Amount Due

116.37



PO BOX 58538
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AURORA C. ALLEN
905 21ST ST
DICKINSON, TX 77539-6272

(409)599-0350

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLAU001	1
Guarantor	Due Date	Payment Due
AURORA C.	Upon Receipt	8.08

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Date of Last Payment: 4/26/2024		Amount of Last Payment: -72.76		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AURORA C. ALLEN	JIRIES S. DAHU MD	ALLAU001	MEMORIAL	04/29/1980
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
12/30/23	99233	SBSQ HOSP IP/OBS HIGH 50	357.00	Paid by CIGNA
				Adjustments Remainder
			-72.76	-276.16 8.08

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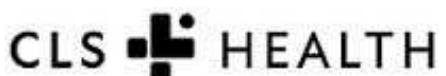
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Amount Due

8.08



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281-694-5986

BARBARA A. ALLEN
11001 GROVESHIRE DR
TEXAS CITY, TX 77591-7001

(409)225-3043

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLBA001	1
Guarantor	Due Date	Payment Due
BARBARA A.	Upon Receipt	33.41

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 6/27/2023	Amount of Last Payment: -10.72
---------------------------------	--------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BARBARA A. ALLEN	LUIGI TERMINELLA MD	ALLBA001	UTMB	10/10/1960

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to KELSEY	Paid by BLUE	Adjustments	Remainder
03/08/23	99291	CRITICAL CARE 1ST HOUR		645.00	-173.47	-72.69	-413.71	-14.87

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BARBARA A. ALLEN	EMRAN ABU ATHERAH MD	ALLBA001	UTMB	10/10/1960

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to KELSEY	Paid by BLUE	Adjustments	Remainder
03/09/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00	-96.55	-10.72	-230.27	21.46
03/10/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00	-96.55	-5.36	-230.27	26.82

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

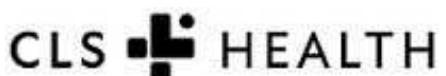
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Amount Due

33.41



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BEANSHERITA ALLEN
1001 E ADOUE ST UNIT K3
ALVIN, TX 77511-2482

(832)564-9928

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLBE003	1
Guarantor	Due Date	Payment Due
BEANSHERITA	Upon Receipt	25.00

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Webster, TX 77598

Date of Last Payment: 3/5/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
BEANSHERITA ALLEN	CATHERINE I. AGALA FNP-C	ALLBE003	CLS HEALTH	02/13/1977			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by EVERCARE	Adjustments	Remainder
08/30/23	99999	NO SHOW	25.00		0.00		25.00

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Amount Due

25.00



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BETTY R. ALLEN
14603 FONMEADOW DR APT 248
HOUSTON, TX 77035-6702

(832)671-6946

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLBE004	1
Guarantor	Due Date	Payment Due
BETTY R. ALLEN	Upon Receipt	25.00

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Date of Last Payment: 12/6/2024		Amount of Last Payment: -85.19		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BETTY R. ALLEN	HIRA H. MIRZA DPM	ALLBE004	CLS HEALTH	08/24/1948
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/07/24	99999	NO SHOW	25.00	Paid by UNITED
				Adjustments Remainder
				25.00

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

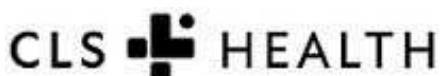
Call 281-694-5986

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Amount Due

25.00



PO BOX 58538
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BOBBIE C. ALLEN
3505 MAGNOLIA ST APT 606
TEXAS CITY, TX 77590-4348

(409)996-1844

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLBO001	1
Guarantor	Due Date	Payment Due
BOBBIE C. ALLEN	Upon Receipt	15.95

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: **2/8/2024**

Amount of Last Payment: **-68.35**

Patient: BOBBIE C. ALLEN	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALLBO001	Place of Service: CLS HEALTH	Date of Birth: 03/10/1951
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Dates	Procedure	Description	Paid By			Paid by WELCARE	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible				
04/29/21	99205	OFFICE VIST NEW LEVEL 5		690.00	-19.05	-194.84		-460.16	15.95

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Amount Due

15.95



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CAROL ALLEN
313 18TH AVE N
TEXAS CITY, TX 77590-6114

(409)995-7679

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCA000	1
Guarantor	Due Date	Payment Due
CAROL ALLEN	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CAROL ALLEN	MOUSTAFA M. AHMED MD	ALLCA000	CLS HEALTH	01/17/1972			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/05/21	99999	NO SHOW	25.00		0.00		25.00

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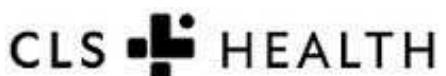
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Amount Due

25.00



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CHAD ALLEN
2008 AVENUE K REAR
GALVESTON, TX 77550-4662

(409)370-7823

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCH003	1
Guarantor	Due Date	Payment Due
CHAD ALLEN	Upon Receipt	74.05

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CHAD ALLEN	NISARG PATEL MD	ALLCH003	UTMB	07/03/1972			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Reminder
01/27/22	99217	OBSERVATION DISCHARGE	220.00		0.00	-145.95	74.05

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Amount Due

74.05



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281-694-5986

CHARYSE E. ALLISON
2106 SHIRLEY LN
LA PORTE, TX 77571-9240

(281)743-7983

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCH005	1
Guarantor	Due Date	Payment Due
CHARYSE E.	Upon Receipt	10.46

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 12/16/2024

Amount of Last Payment: 0.00

Patient: CHARYSE E. ALLISON	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALLCH005	Place of Service: CLS HEALTH	Date of Birth: 02/02/1981
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by BLUE	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible				
04/06/22	73565	X-ray exam of knees		129.00	-20.00	-30.46	0.00	-98.54	10.46

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10.46



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281-694-5986

CHARLES R. ALLEN
16719 BARKENTINE LN
FRIENDSWOOD, TX 77546-6501

(346)971-1009

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCH006	1
Guarantor	Due Date	Payment Due
CHARLES R.	Upon Receipt	55.00

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Date of Last Payment: 11/6/2024	Amount of Last Payment: -81.56
---------------------------------	--------------------------------

Patient: CHARLES R. ALLEN	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALLCH006	Place of Service: CLS HEALTH	Date of Birth: 12/23/1946
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
07/10/23	99999	NO SHOW		25.00		0.00		25.00
04/23/24	93925	Lower extremity study		716.00	-25.00	-153.22	-522.78	15.00
08/19/24	93925	Lower extremity study		716.00	-25.00	-185.49	-490.51	15.00

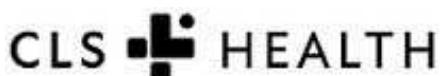
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Amount Due
55.00



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

CHERISE ALLEN
10050 WESTPARK DR
HOUSTON, TX 77042-5760

(346)243-6477

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCH012	1
Guarantor	Due Date	Payment Due
CHERISE ALLEN	Upon Receipt	25.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHERISE ALLEN	BASHAR ZLEIK MD	ALLCH012		01/15/1968
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible RENAISSA
10/28/22	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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

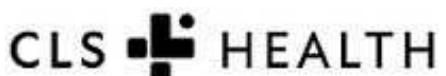
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Amount Due

25.00



PO BOX 58538
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281-694-5986

COURTNEY N. ALLEN
11950 FM 1960 RD W APT 834
HOUSTON, TX 77065-3694

(346)249-5349

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCO000	1
Guarantor	Due Date	Payment Due
COURTNEY N.	Upon Receipt	25.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
COURTNEY N. ALLEN	JACQUELINE M. WEGGE MD	ALLCO000	CLS HEALTH	03/30/1985		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by TMHP
04/18/24	99999	NO SHOW	25.00		0.00	0.00
					Adjustments	Remainder
						25.00

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PO BOX 58538
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281-694-5986

DAVONTA ALLEN
206 TERRACE DR
TEXAS CITY, TX 77591-4100

(409)454-0319

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLDA000	1
Guarantor	Due Date	Payment Due
DAVONTA ALLEN	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:		Place of Service:	Date of Birth:	
DAVONTA ALLEN	ABDELNASER ELKHALILI MD	ALLDA000	CLS HEALTH	10/06/1994	
Dates	Procedure	Description	Paid By	Applied to	Paid by
			Modifier	Charge	Patient Deductible
01/11/21	99999	NO SHOW		25.00	0.00
					0
					25.00

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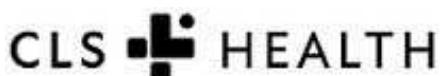
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DANA C. ALLUMS
1335 MONTGOMERY ST APT 2
LA MARQUE, TX 77568-5771

(409)600-0477

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLDA002	1
Guarantor	Due Date	Payment Due
DANA C. ALLUMS	Upon Receipt	42.58

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Date of Last Payment:	11/25/2024	Amount of Last Payment:	-25.00
Patient: DANA C. ALLUMS	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALLDA002	Place of Service: CLEAR LAKE

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/23/22	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00	-21.00	-84.53	-209.47	21.00
03/24/22	99239	HOSPITAL DISCHARGE, LONG	GW	324.00	-21.58	-86.89	-215.53	21.58

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DEBORAH A. ALLEN
1404 WATERSIDE DR
LEAGUE CITY, TX 77573-0860

(281)549-7096

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLDE000	1
Guarantor	Due Date	Payment Due
DEBORAH A.	Upon Receipt	25.00

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Date of Last Payment: 12/1/2021		Amount of Last Payment: -14.73						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
DEBORAH A. ALLEN	RUDY LOZANO CARREON MD	ALLDE000	CLS HEALTH	11/25/1947				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
11/14/23	99999	NO SHOW	25.00			0.00	0.00	25.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALLDO001	1
Guarantor	Due Date	Payment Due
DOROTHY ALLEN	Upon Receipt	1939.61

DOROTHY ALLEN
2414 BROAD ST
BAYTOWN, TX 77521-1264

(281)426-3045

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ANSWER

Date of Last Payment: **Amount of Last Payment:** **0.00**

Patient: **DOROTHY ALLEN** Rendering Physician: **ALEJANDRO RESTREPO MD** Chart Number: **ALLDO001** Place of Service: **UTMB** Date of Birth: **01/12/1960**

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
10/10/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82

Patient: **DOROTHY ALLEN** Rendering Physician: **MOHAMMAD J. BABA MD** Chart Number: **ALLDO001** Place of Service: **UTMB** Date of Birth: **01/12/1960**

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SELPAY		
10/10/21	99292	CRITICAL CARE, 30 MIN		680.00		0.00	-566.53	113.47
10/11/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
10/12/21	99233	HOSPITAL, SUBSEQUENT , HIGH	25	318.00		0.00	-212.14	105.86
10/12/21	31623	Dx bronchoscope/brush		413.00		0.00	-275.44	137.56
10/18/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86

Patient: **DOROTHY ALLEN** Rendering Physician: **LUIGI TERMINELLA MD** Chart Number: **ALLDO001** Place of Service: **UTMB** Date of Birth: **01/12/1960**

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SELPAY		
10/13/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82
10/14/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82
10/15/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82
10/16/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
10/17/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86

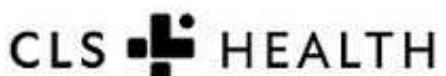
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DONALD O. ALLEN
1939 DUROUX RD
LA MARQUE, TX 77568-4672

(409)256-5994

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLDO003	1
Guarantor	Due Date	Payment Due
DONALD O.	Upon Receipt	553.27

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Date of Last Payment:	Amount of Last Payment:
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Patient: DONALD O. ALLEN	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALLDO003	Place of Service: UTMB	Date of Birth: 03/01/1956
------------------------------------	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/23/22	99223	INITIAL HOSPITAL/HIGH		609.00	0.00	-405.85	203.15

Patient: DONALD O. ALLEN	Rendering Physician: ALI EZZO MD	Chart Number: ALLDO003	Place of Service: UTMB	Date of Birth: 03/01/1956
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/24/22	99291	CRITICAL CARE 1ST HOUR		672.00	0.00	-447.95	224.05
05/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	0.00	-188.93	126.07

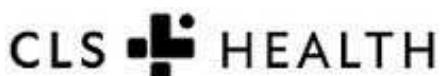
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DONNA ALLISON
926 CHASE LOCK DR
BACLIFF, TX 77518-2460

(832)221-3047

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLDO006	1
Guarantor	Due Date	Payment Due
DONNA ALLISON	Upon Receipt	25.00

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Date of Last Payment: 11/14/2024

Amount of Last Payment: -121.22

Patient: DONNA ALLISON	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALLDO006	Place of Service: CLS HEALTH	Date of Birth: 07/06/1949
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELCARE	Adjustments	Remainder
01/17/24	99999	NO SHOW		25.00		0.00		25.00

Patient: DONNA ALLISON	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALLDO006	Place of Service: CLS HEALTH	Date of Birth: 07/06/1949
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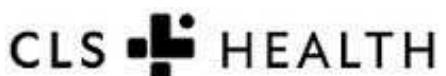
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELCARE	Adjustments	Remainder
08/25/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-53.20	-51.99	-180.01	-13.20
08/25/23	96365	Ther/proph/diag iv inf init		193.00		-51.74	-128.06	13.20

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GLEN G. ALLRED
1023 WOODED LANDING LN
PINEHURST, TX 77362-1537

(832)538-2729

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLGL000	1
Guarantor	Due Date	Payment Due
GLEN G. ALLRED	Upon Receipt	40.00

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Date of Last Payment: 7/27/2023		Amount of Last Payment: -18.04					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
GLEN G. ALLRED	BASHAR ZLEIK MD	ALLGL000	CLS HEALTH	04/30/1959			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
06/19/23	94660	Pos airway pressure cpap	191.00		-18.04	-132.96	40.00

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40.00



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GLORIA J. ALLEN
6030 WINTERHAVEN DR
HOUSTON, TX 77087-6151

(713)649-3500

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLGL003	1
Guarantor	Due Date	Payment Due
GLORIA J. ALLEN	Upon Receipt	209.14

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Date of Last Payment:	8/22/2024	Amount of Last Payment:	-18.14
Patient: GLORIA J. ALLEN	Rendering Physician: ANNA M. HARKINS DO	Chart Number: ALLGL003	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	WELLMED		
04/12/24	93000	Electrocardiogram complete		43.00		0.00	-28.55	14.45
04/30/24	A9502	Tc99m tetrofosmin		584.00		-139.37	-409.08	35.55
04/30/24	J2785	Regadenoson injection		172.00		-35.83	-127.03	9.14
04/30/24	93306	Tte w/doppler complete		585.00		-47.30	-387.70	150.00

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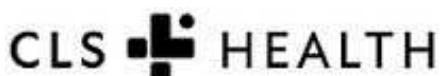
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Amount Due

209.14



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HAYSSAM ALLAOU
9100 GALVESTON RD
HOUSTON, TX 77034-3924

(281)282-0666

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLHA000	1
Guarantor	Due Date	Payment Due
HAYSSAM	Upon Receipt	75.00

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Webster, TX 77598

Date of Last Payment:	1/29/2024	Amount of Last Payment:	-40.00
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Patient: HAYSSAM ALLAOU	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ALLHA000	Place of Service: CLS HEALTH	Date of Birth: 10/20/1966
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/19/21	99999	NO SHOW		25.00		0.00	25.00
02/26/21	99999	NO SHOW		25.00		0.00	25.00
03/12/21	99999	NO SHOW		25.00		0.00	25.00

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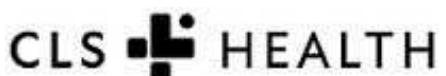
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75.00



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ISAIAH D. ALLEN
7827 TWIN HILLS DR
HOUSTON, TX 77071-1323

(713)582-5936

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLIS000	1
Guarantor	Due Date	Payment Due
ISAIAH D. ALLEN	Upon Receipt	85.06

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Date of Last Payment: 1/2/2024

Amount of Last Payment: -1,048.32

Patient: ISAIAH D. ALLEN	Rendering Physician: MICHAEL A. MONMOUTH MD	Chart Number: ALLIS000	Place of Service: CLS HEALTH	Date of Birth: 01/19/1956
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder
10/04/23	73565	X-ray exam of knees		121.00		0.00	-90.54	30.46

Patient: ISAIAH D. ALLEN	Rendering Physician: MICHAEL A. MONMOUTH MD	Chart Number: ALLIS000	Place of Service: CLS HEALTH	Date of Birth: 01/19/1956
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder	
10/04/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-45.00	-91.89	-278.57	-30.46	
10/04/23	20610	Drain/inj joint/bursa w/o us	RT	197.00		-85.06	0.00	-111.94	85.06

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JOHNNY ALLEN
1414 TEXAS ST UNIT 833
HOUSTON, TX 77002-3684

(713)960-3093

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLJO001	1
Guarantor	Due Date	Payment Due
JOHNNY ALLEN	Upon Receipt	21.30

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Date of Last Payment: 9/25/2024				Amount of Last Payment: -39.84			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JOHNNY ALLEN	MOHAMED A. KHALIL MD	ALLJO001	CLS HEALTH	04/25/1957			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	ADMINIST	Adjustments	Remainder
08/30/21	99214	OFFICE VISIT EST/LEVEL 4	404.00	-60.00	0.00	-262.70	81.30
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	RENAISSA	Adjustments	Remainder
10/17/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-100.00	-164.38	-378.62	-80.00
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	HUMANA	Adjustments	Remainder
04/29/24	11042	Deb subq tissue 20 sq cm/<	Q6	391.00	-103.61	-267.39	20.00

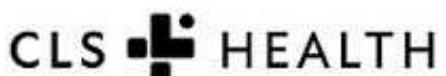
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21.30

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KARL L. ALLEN
810 S HOOD ST APT 2
ALVIN, TX 77511-3462

(832)835-8047

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLKA001	1
Guarantor	Due Date	Payment Due
KARL L. ALLEN	Upon Receipt	272.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KARL L. ALLEN	ZULFIQAR CHEEMA MD	ALLKA001	CLS HEALTH	07/30/1960
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/13/23	99213	OFFICE VISIT EST/LEVEL 3	272.00	Paid by CASH
				Adjustments Remainder
				272.00

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KRISTEN ALLEN
938 OAK GROVE ST
LA PORTE, TX 77571-5837

(832)784-4054

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLKR000	1
Guarantor	Due Date	Payment Due
KRISTEN ALLEN	Upon Receipt	30.00

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Date of Last Payment: 8/25/2022		Amount of Last Payment: -44.78		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KRISTEN ALLEN	JACQUELINE M. WEGGE MD	ALLKR000	HCA	07/06/1989
Paid By Applied to				
Dates	Procedure	Description	Modifier Charge	Patient Deductible
07/22/22	99203	OFFICE VIST NEW LEVEL 3	259.00	-44.78
				Adjustments Remainder
				-184.22 30.00

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LAVERN G. ALLEN
2108 BENNIGAN ST
LEAGUE CITY, TX 77573-4930

(832)683-2786

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLLA000	1
Guarantor	Due Date	Payment Due
LAVERN G.	Upon Receipt	18.29

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Date of Last Payment: 8/17/2023				Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LAVERN G. ALLEN		REGINA R. PILLAI MD	ALLLA000	CLS HEALTH	08/07/1953		
Dates	Procedure	Description	Modifier Charge	Paid By Patient Deductible	Applied to MEDICARE	Paid by AARP	Adjustments Remainder
01/20/21	76377	3D Render W/Intrp Postproces	224.00	-14.91	-59.83	0.00	-149.26 14.91
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LAVERN G. ALLEN		ABDELNASER ELKHALILI MD	ALLLA000	CLS HEALTH	08/07/1953		
Dates	Procedure	Description	Modifier Charge	Paid By Patient Deductible	Applied to MEDICARE	Paid by AARP	Adjustments Remainder
08/17/21	96401	Chemo anti-neopl sq/m	508.00	-136.87	-33.81	-338.94 -1.62	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LAVERN G. ALLEN		REGINA PILLAI MD	ALLLA000	CLS HEALTH	08/07/1953		
Dates	Procedure	Description	Modifier Charge	Paid By Patient Deductible	Applied to MEDICARE	Paid by AARP	Adjustments Remainder
07/19/21	94729	Co/membane diffuse capacity	186.00	-49.80	-12.41	-113.79 10.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LAVERN G. ALLEN		ABDELNASER ELKHALILI MD	ALLLA000	CLS HEALTH	08/07/1953		
Dates	Procedure	Description	Modifier Charge	Paid By Patient Deductible	Applied to MEDICARE	Paid by AARP	Adjustments Remainder
07/01/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-5.00	-105.73 -26.64	-267.63 -5.00

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LARRY J. ALLEN
2315 FM 247
MIDWAY, TX 75852-3680

(713)819-0983

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLLA003	1
Guarantor	Due Date	Payment Due
LARRY J. ALLEN	Upon Receipt	84.68

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Date of Last Payment:	11/8/2021	Amount of Last Payment:	-105.86
Patient: LARRY J. ALLEN	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ALLLA003	Place of Service: ST.LUKE'S

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
09/01/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69	-212.14	21.17
09/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69	-212.14	21.17
09/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69	-212.14	21.17
09/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69	-212.14	21.17

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LATRISHA L. ALLEN
11101 GROVESHIRE DR
TEXAS CITY, TX 77591-7045

(409)916-3807

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLLA004	1
Guarantor	Due Date	Payment Due
LATRISHA L.	Upon Receipt	1567.60

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Date of Last Payment: 10/30/2024	Amount of Last Payment: -53.53
----------------------------------	--------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LATRISHA L. ALLEN	OMAR ALBUSTAMI MD	ALLLA004	CLEAR LAKE	08/15/1976

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
03/20/22	31600	Incision of windpipe		951.00		0.00	-633.91	317.09
03/20/22	31622	Dx bronchoscope/wash		408.00		0.00	-271.89	136.11
03/27/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LATRISHA L. ALLEN	ALI EZZO MD	ALLLA004	CLEAR LAKE	08/15/1976

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
03/12/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
03/13/22	99291	CRITICAL CARE 1ST HOUR		672.00		0.00	-447.95	224.05
03/14/22	99291	CRITICAL CARE 1ST HOUR		672.00		0.00	-447.95	224.05
03/15/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
03/16/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
03/17/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
03/19/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LATRISHA L. ALLEN	RACHEL MILLS FNP-C	ALLLA004	CLEAR LAKE	08/15/1976

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Reminder
09/16/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-53.53	-169.81	13.66
09/17/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-53.53	-169.81	13.66
09/18/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-53.53	-169.81	13.66

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LATRISHA L. ALLEN
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(409)916-3807

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLLA004	2
Guarantor	Due Date	Payment Due
LATRISHA L.	Upon Receipt	1567.60

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09/19/24	99232	SBSQ HOSP IP/OBS MODERATE 35	237.00	-53.53	-169.81	13.66
09/20/24	99232	SBSQ HOSP IP/OBS MODERATE 35	237.00	-53.53	-169.81	13.66

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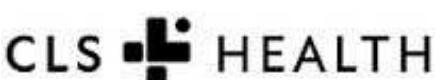
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1,567.60



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MAHA AL-LAHIQ
3814 MISTY FALLS LN
FRIENDSWOOD, TX 77546-3259

(832)877-0571

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLMA000	1
Guarantor	Due Date	Payment Due
MAHA AL-LAHIQ	Upon Receipt	217.47

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Date of Last Payment: 12/11/2024					Amount of Last Payment: -314.61		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
MAHA AL-LAHIQ		VENKATA K. JONNA MD		ALLMA000	CLS HEALTH	04/18/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments Remainder
06/06/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-131.08	-213.92 40.00
06/06/23	20610	Drain/inj joint/bursa w/o us	RT	197.00		-69.89	-109.64 17.47
Patient:					Chart Number:	Place of Service:	Date of Birth:
MAHA AL-LAHIQ		VENKATA K. JONNA MD		ALLMA000	CLS HEALTH	04/18/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments Remainder
09/20/24	99214	OFFICE VISIT EST/LEVEL 4		387.00		-127.70	-219.30 40.00
Patient:					Chart Number:	Place of Service:	Date of Birth:
MAHA AL-LAHIQ		VENKATA K. JONNA MD		ALLMA000	CLS HEALTH	04/18/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments Remainder
09/20/24	73110	X-ray exam of wrist		123.00		-33.36	-69.64 20.00
Patient:					Chart Number:	Place of Service:	Date of Birth:
MAHA AL-LAHIQ		VENKATA K. JONNA MD		ALLMA000	CLS HEALTH	04/18/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments Remainder
09/20/24	L3809	Whfo w/o joints pre ots		808.00		-314.61	-393.39 100.00

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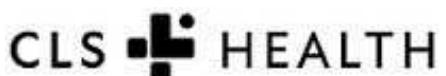
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MALORI ALLEN
6502 COUNTY ROAD 166
ALVIN, TX 77511-8178

(346)777-6714

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLMA005	1
Guarantor	Due Date	Payment Due
MALORI ALLEN	Upon Receipt	495.00

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Date of Last Payment: 10/14/2024

Amount of Last Payment: -280.00

Patient: MALORI ALLEN	Rendering Physician: KAREEM GADELMOLA MD	Chart Number: ALLMA005	Place of Service: UTMB	Date of Birth: 12/14/1991
---------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TMHP	Adjustments	Reminder
01/25/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00		495.00

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MERRY A. ALLEBACH
16211 BLACKHAWK BLVD
FRIENDSWOOD, TX 77546-3116

(832)382-3494

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLME000	1
Guarantor	Due Date	Payment Due
MERRY A.	Upon Receipt	25.00

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Date of Last Payment: 6/30/2024		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MERRY A. ALLEBACH	CATHERINE I. AGALA FNP-C	ALLME000	CLS HEALTH	05/05/1982
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/06/23	99999	NO SHOW	25.00	0.00
			Paid by TEXAS	Adjustments Remainder
				25.00

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MELINDA ALLGOOD
10935 DOGWOOD DR
LA PORTE, TX 77571-4355

(832)729-3844

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLME001	1
Guarantor	Due Date	Payment Due
MELINDA	Upon Receipt	62.43

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Date of Last Payment: 8/29/2024	Amount of Last Payment: -99.14
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Patient: MELINDA ALLGOOD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Remainder
11/16/23	27096	Inject sacroiliac joint	50	494.00	-89.57	-199.50	-244.62	-39.69
11/16/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		-0.31	-2.61	0.08
11/16/23	J2001	Lidocaine injection	59	2.00		-0.05	-1.94	0.01

Patient: MELINDA ALLGOOD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Remainder
11/05/23	80307	Drug test prsmv chem anlyzr		186.00		-26.82	-152.48	6.70
11/06/23	G0483	Drug test def 22+ classes		741.00		-72.32	-650.60	18.08

Patient: MELINDA ALLGOOD	Rendering Physician: LORRIE F. POOL APRN	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Remainder
01/31/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-35.00	-25.21	-316.79	10.00

Patient: MELINDA ALLGOOD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Remainder
01/31/24	80307	Drug test prsmv chem anlyzr		186.00		-26.82	-152.48	6.70

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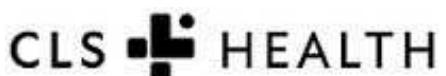
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MELINDA ALLGOOD
10935 DOGWOOD DR
LA PORTE, TX 77571-4355

(832)729-3844

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLME001	2
Guarantor	Due Date	Payment Due
MELINDA	Upon Receipt	62.43

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01/31/24	G0483	Drug test def 22+ classes	741.00	-72.32	-650.60	18.08
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Patient: MELINDA ALLGOOD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier Charge	Patient Deductible	UNITED			
01/03/24	72170	X-rayexam of pelvis		84.00	-27.51	-25.20	0.00	-58.80	-2.31

Patient: MELINDA ALLGOOD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	UNITED		
02/28/24	80307	Drug test prsmv chem analyzr		186.00		-26.82	-152.48	6.70
02/28/24	G0483	Drug test def 22+ classes		741.00		-72.32	-650.60	18.08

Patient: MELINDA ALLGOOD	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALLME001	Place of Service: CLS HEALTH	Date of Birth: 04/18/1960
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	UNITED		
02/28/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-25.00	-37.60	-304.40	20.00

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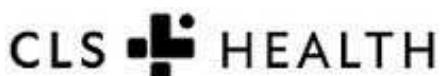
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Amount Due

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MICHAELA ALLEN
301 UNIVERSITY BLVD
GALVESTON, TX 77555-5302

(832)989-7619

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLMI000	1
Guarantor	Due Date	Payment Due
MICHAELA ALLEN	Upon Receipt	313.36

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MICHAELA ALLEN		REMY TEQWIMUAH MD	ALLMI000	UTMB	09/19/1980
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY
08/30/21	99239	HOSPITAL DISCHARGE, LONG	327.00		0.00
					-218.88 108.12
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MICHAELA ALLEN		ALI EZZO MD	ALLMI000	UTMB	09/19/1980
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY
08/29/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00
					-410.76 205.24

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MICHELE V. ALLEMAN
1713 GASLIGHT CT
SEABROOK, TX 77586-2634

(281)384-3855

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLMI001	1
Guarantor	Due Date	Payment Due
MICHELE V.	Upon Receipt	76.26

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Date of Last Payment:	11/12/2021	Amount of Last Payment:	-130.87
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHELE V. ALLEMAN	REMY TEQWIMUAH MD	ALLMI001	UTMB	05/24/1966

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
10/12/21	99223	INITIAL HOSPITAL/HIGH			616.00	-56.09	-130.87	-429.04	56.09

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHELE V. ALLEMAN	NISARG PATEL MD	ALLMI001	UTMB	05/24/1966

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
10/13/21	99232	HOSPITAL , SUBSEQUENT, MOD			221.00	-20.17	-47.07	-153.76	20.17

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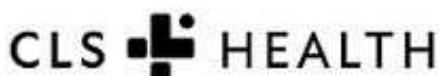
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NETTIE E. ALLEN
629 2ND AVE N
TEXAS CITY, TX 77590-7609

(713)358-0700

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLNE000	1
Guarantor	Due Date	Payment Due
NETTIE E. ALLEN	Upon Receipt	203.60

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Date of Last Payment: 6/4/2024

Amount of Last Payment: -103.20

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
NETTIE E. ALLEN	JIHAD M. HARMOUCHE MD	ALLNE000	MAINLAND	08/21/1945				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
12/31/23	58150	Total hysterectomy	GW	3,152.0		-798.12	-2,150.28	203.60

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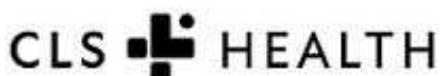
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RABAB H. ALLAHAM
1412 CAINE HILL CT
LEAGUE CITY, TX 77573-9042

(281)467-4964

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLRA001	1
Guarantor	Due Date	Payment Due
RABAB H.	Upon Receipt	71.00

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Date of Last Payment: **7/3/2024**

Amount of Last Payment: **-650.00**

Patient: RABAB H. ALLAHAM	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALLRA001	Place of Service: CLS HEALTH	Date of Birth: 08/31/1969
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	BLUE		
03/30/21	36471	Njx sclrsnt mlt incmptnt vn	50	635.00	-35.00	-237.08	-362.92	35.00

Patient: RABAB H. ALLAHAM	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALLRA001	Place of Service: CLS HEALTH	Date of Birth: 08/31/1969
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	CASH		
02/05/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-64.00	0.00	-287.00	36.00

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SHAWN R. ALLEN
806 DIXIE DR
LEAGUE CITY, TX 77573-3320

(832)691-0648

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLSH001	1
Guarantor	Due Date	Payment Due
SHAWN R. ALLEN	Upon Receipt	217.98

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Date of Last Payment: 9/17/2021					Amount of Last Payment: -30.87		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
SHAWN R. ALLEN		ALI EZZO MD		ALLSH001	UTMB	04/08/1969	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
03/16/21	99223	INITIAL HOSPITAL/HIGH		616.00	-50.70	-19.83	-178.42
							-417.75
							-30.87
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments Remainder
11/05/23	99223	1ST HOSP IP/OBS HIGH 75		523.00		-162.52	0.00
							-360.48
							162.52
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments Remainder
11/06/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00		-86.33	0.00
							-258.67
							86.33

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SHARON Y. ALLEN
11144 FUQUA ST APT 518
HOUSTON, TX 77089-2551

(832)891-4099

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLSH005	1
Guarantor	Due Date	Payment Due
SHARON Y.	Upon Receipt	24.51

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Date of Last Payment: 12/4/2024	Amount of Last Payment: -32.80
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Patient: SHARON Y. ALLEN	Rendering Physician: REGINA R. PILLAI MD	Chart Number: ALLSH005	Place of Service: CLS HEALTH	Date of Birth: 01/06/1965
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to CIGNA	Paid by CIGNA	Adjustments	Remainder
08/26/22	71046	X-ray exam chest 2 views		107.00	-5.33	-15.38	-88.91	-2.62

Patient: SHARON Y. ALLEN	Rendering Physician: REGINA PILLAI MD	Chart Number: ALLSH005	Place of Service: CLS HEALTH	Date of Birth: 01/06/1965
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to CIGNA	Paid by CIGNA	Adjustments	Remainder
09/23/22	94060	Evaluation of wheezing		123.00		-55.64	-57.54	9.82
09/23/22	94726	Pulm funct tst plethysmograp		172.00		-48.20	-115.29	8.51
09/23/22	94729	Co/membrane diffuse capacity		185.00		-49.80	-126.41	8.79
09/23/22	J7613	Albuterol non-comp unit		2.00		-0.09	-1.90	0.01

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TANA M. ALLEN
1813 OAK EDGE DR
PEARLAND, TX 77581-6160

(713)828-2989

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLTA000	1
Guarantor	Due Date	Payment Due
TANA M. ALLEN	Upon Receipt	154.12

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Date of Last Payment: 8/12/2022			Amount of Last Payment: -81.21		
Patient: TANA M. ALLEN	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALLTA000	Place of Service: MEMORIAL	Date of Birth: 04/08/1944	

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
10/30/21	99232	HOSPITAL , SUBSEQUENT, MOD	GW	221.00	-14.73	-58.93	-147.34	14.73

Patient: TANA M. ALLEN	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ALLTA000	Place of Service: MEMORIAL	Date of Birth: 04/08/1944
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
10/31/21	99233	HOSPITAL, SUBSEQUENT, HIGH	GW	318.00	-21.17	-84.69	-212.14	21.17
11/01/21	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	318.00	-21.17	-84.69	-212.14	21.17
11/02/21	99239	HOSPITAL DISCHARGE, LONG	GW	327.00	-21.82	-87.30	-217.88	21.82

Patient: TANA M. ALLEN	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ALLTA000	Place of Service: MEMORIAL	Date of Birth: 04/08/1944
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
02/08/22	99214	OFFICE VISIT EST/LEVEL 4	GW	305.00		-81.21	-203.49	20.30
02/09/22	99217	OBSERVATION DISCHARGE	GW	220.00		-58.75	-146.56	14.69

Patient: TANA M. ALLEN	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ALLTA000	Place of Service: MEMORIAL	Date of Birth: 04/08/1944
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by TMHP	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE			
02/16/22	99291	CRITICAL CARE 1ST HOUR	GW	672.00	-44.81	-179.24	-4.57	-447.95	40.24

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TANA M. ALLEN
1813 OAK EDGE DR
PEARLAND, TX 77581-6160

(713)828-2989

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLTA000	2
Guarantor	Due Date	Payment Due
TANA M. ALLEN	Upon Receipt	154.12

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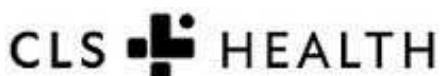
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TERENCE ALLEN
122 PARKSTONE DR
LA MARQUE, TX 77568-2016

(409)466-9777

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLTE001	1
Guarantor	Due Date	Payment Due
TERENCE ALLEN	Upon Receipt	8.65

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Date of Last Payment: 4/24/2024		Amount of Last Payment: -34.60			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
TERENCE ALLEN		ABDULHADI M. AKHTAR MD	ALLTE001	CLS HEALTH	11/21/1983
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA
03/07/24	99203	OFFICE VIST NEW LEVEL 3	338.00	-50.00	-34.60
					Adjustments Remainder
					-244.75 8.65

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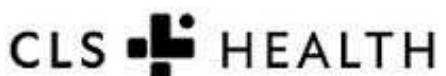
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ALICE M. ALMENDAREZ
1719 BONANZA RD
HOUSTON, TX 77062-6007

(713)922-4934

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMAL000	1
Guarantor	Due Date	Payment Due
ALICE M.	Upon Receipt	25.00

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Date of Last Payment: 3/28/2024		Amount of Last Payment: -6.84		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICE M. ALMENDAREZ	AHMED A. MORSY MD	ALMAL000	CLS HEALTH	10/20/1985
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/23/23	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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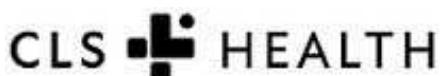
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AMAVELI C. ALMENDAREZ
11503 SENNA LEDGE CT
HOUSTON, TX 77089-2709

(832)423-3583

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMAM000	1
Guarantor	Due Date	Payment Due
AMAVELI C.	Upon Receipt	35.89

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Date of Last Payment: 6/2/2021

Amount of Last Payment: -203.33

Patient: AMAVELI C. ALMENDAREZ	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ALMAM000	Place of Service: HOUSTON	Date of Birth: 07/18/1958
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by CIGNA	Adjustments		Remainder
				Charge	Patient Deductible				
03/08/21	99220	Observation, Initial - High Severity		559.00		-129.86		-406.22	22.92
03/09/21	99226	Subsequent observation care		318.00		-73.47		-231.56	12.97

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ANDREW ALMAGUER
3850 FM 518 RD E APT402
LEAGUE CITY, TX 77573-0727

(832)552-5795

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMAN001	1
Guarantor	Due Date	Payment Due
ANDREW	Upon Receipt	138.81

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Date of Last Payment: 3/7/2023

Amount of Last Payment: 0.00

Patient: ANDREW ALMAGUER	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALMAN001	Place of Service: CLS HEALTH	Date of Birth: 04/26/1995
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
01/30/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-197.37	-161.03	0.00		-341.97 -36.34
02/14/23	52000	Cystoscopy		730.00	-111.05	-286.20	0.00		-443.80 175.15

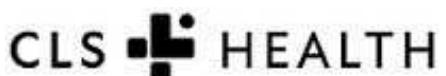
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138.81

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ANGELICA ALMENDAREZ
3108 CEDARCREST DR
PASADENA, TX 77503-2118

(713)912-5678

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMAN002	1
Guarantor	Due Date	Payment Due
ANGELICA	Upon Receipt	50.19

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Date of Last Payment:	12/15/2023	Amount of Last Payment:	-1.13
Patient: ANGELICA ALMENDAREZ	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ALMAN002	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
10/04/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-23.00	-453.52	-210.48	-23.00
10/04/23	51741	Electro-uroflowmetry first		43.00		-9.72	-31.19	2.09
10/20/23	52000	Cystoscopy		730.00		-331.82	-327.08	71.10

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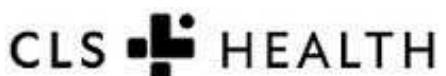
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Amount Due

50.19



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BLANCA ALMONTES
2513 NORTH AVE
PASADENA, TX 77506-3932

(832)889-6273

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMBL000	1
Guarantor	Due Date	Payment Due
BLANCA	Upon Receipt	503.89

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Date of Last Payment:	9/28/2021	Amount of Last Payment:	0.00
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Patient: BLANCA ALMONTES	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALMBL000	Place of Service: UTMB	Date of Birth: 03/09/1984
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
05/04/21	99220	Observation, Initial - High Severity		559.00		0.00	-372.69	186.31

Patient: BLANCA ALMONTES	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALMBL000	Place of Service: UTMB	Date of Birth: 03/09/1984
------------------------------------	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TMHP	Adjustments	Remainder
05/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
05/05/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
05/06/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86

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Amount Due

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CYNTHIA ALMENDAREZ
9954 TILTREE ST
HOUSTON, TX 77075-4006

(281)975-8122

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA	Upon Receipt	61.71

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Date of Last Payment:	4/12/2024	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CYNTHIA ALMENDAREZ	ABDELNASER ELKHALILI MD	ALMCY000	CLS HEALTH	04/03/1965

Dates	Procedure	Description	Paid By		Paid by	Adjustments	Remainder
			Modifier	Charge			
09/22/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-147.18	-378.27	37.55
01/04/23	99215	OFFICE VISIT EST/LEVEL 5		563.00	-175.47 -182.49	-378.72	1.79

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CYNTHIA ALMENDAREZ	AMANDA G. JOHNSON NP	ALMCY000	CLS HEALTH	04/03/1965

Dates	Procedure	Description	Paid By		Paid by	Adjustments	Remainder
			Modifier	Charge			
04/05/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-87.70	-274.93	22.37

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EDUARDO J. ALMENDARES
1938 GARDEN RD
PEARLAND, TX 77581-8764

(281)223-0889

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMED000	1
Guarantor	Due Date	Payment Due
EDUARDO J.	Upon Receipt	25.00

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Date of Last Payment: 4/22/2021			Amount of Last Payment: -126.72	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
EDUARDO J. ALMENDARES	MAHMOOD DWEIK MD	ALMED000	CLS HEALTH	03/04/1982
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
10/06/21	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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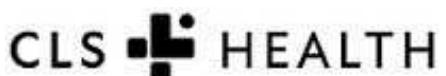
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EMMA M. ALMENDARIZ
8311 ROCKHILL ST
HOUSTON, TX 77061-3238

(281)841-1242

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMEM000	1
Guarantor	Due Date	Payment Due
EMMA M.	Upon Receipt	25.00

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Date of Last Payment: 9/15/2023		Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
EMMA M. ALMENDARIZ	ABDELNASER ELKHALILI MD	ALMEM000	CLS HEALTH	02/28/1998		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible COMMUNI	Adjustments	Remainder
11/14/23	99999	NO SHOW	25.00	0.00		25.00

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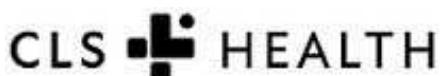
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ESMAEEL ALMASHHADANI
100 W TEXAS AVE
WEBSTER, TX 77598-3280

(346)815-7728

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMES001	1
Guarantor	Due Date	Payment Due
ESMAEEL	Upon Receipt	65.00

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Date of Last Payment: 11/13/2023

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ESMAEEL ALMASHHADANI	MOUSTAFA M. AHMED MD	ALMES001	CLS HEALTH	02/13/1963

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
10/16/23	99244	OFFICE CONSULTATION/LEVEL 4	25		374.00	-35.00	-90.48	-208.52	40.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ESMAEEL ALMASHHADANI	CATHERINE I. AGALA FNP-C	ALMES001	CLS HEALTH	02/13/1963

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	BLUE	
10/19/23	99999	NO SHOW			25.00		0.00	25.00

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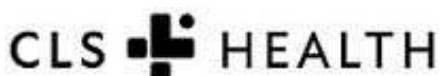
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GREGORIA V. ALMENDAREZ
5083 WINDING WAY
DICKINSON, TX 77539-7030

(409)457-4433

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMGR000	1
Guarantor	Due Date	Payment Due
GREGORIA V.	Upon Receipt	291.37

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Date of Last Payment: 5/17/2022		Amount of Last Payment: 0.00		
Patient: GREGORIA V.	Rendering Physician: REGINA R. PILLAI MD	Chart Number: ALMGR000	Place of Service: CLS HEALTH	Date of Birth: 03/01/1966

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/04/21	99999	NO SHOW		25.00		0.00	25.00

Patient: GREGORIA V.		Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALMGR000	Place of Service: UTMB	Date of Birth: 03/01/1966		
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
04/19/22	99220	Observation, Initial - High Severity		550.00	-191.10	0.00	-358.90	191.10
04/20/22	99217	OBSERVATION DISCHARGE		220.00	-75.27	0.00	-144.73	75.27

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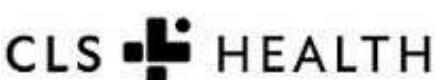
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291.37



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281-694-5986

JENNIFER A. ALMANZA
1413 ROSHARON RD TRLR 28
ALVIN, TX 77511-4049

(832)561-8438

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMJE000	1
Guarantor	Due Date	Payment Due
JENNIFER A.	Upon Receipt	13.73

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Date of Last Payment: 9/13/2022				Amount of Last Payment: -6.16			
Patient:		Rendering Physician:		Chart Number:		Place of Service:	
JENNIFER A. ALMANZA		ROHIT R. DHIR MD		ALMJE000		CLS HEALTH	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
05/04/22	81000	Urinalysis nonauto w/scope		12.00		-2.16	-9.31 0.53
Patient:				Rendering Physician:		Chart Number:	
JENNIFER A. ALMANZA		JIHAD M. HARMOUCHE MD		ALMJE000		Place of Service:	
CLS HEALTH		07/01/1982					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
05/16/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-32.63	-107.60	-420.40 2.37
05/16/22	S8301	Infection control supplies, not otherwis		122.00		-32.54	-81.33 8.13
Patient:				Rendering Physician:		Chart Number:	
JENNIFER A. ALMANZA		DANNY M. MOUNIR MD		ALMJE000		Place of Service:	
CLS HEALTH		07/01/1982					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
06/03/22	52000	Cystoscopy		779.00	-49.59	-251.20	-492.80 -14.59
Patient:				Rendering Physician:		Chart Number:	
JENNIFER A. ALMANZA		JIHAD M. HARMOUCHE MD		ALMJE000		Place of Service:	
MAINLAND		07/01/1982					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
06/10/22	58571	TLH W/T/O 250 G OR LESS		2,855.0	-170.10	-171.30	-685.22 -1,998.48 1.20

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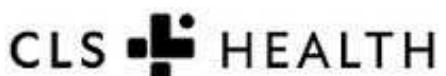
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JENNIFER A. ALMANZA
1413 ROSHARON RD TRLR 28
ALVIN, TX 77511-4049

(832)561-8438

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMJE000	2
Guarantor	Due Date	Payment Due
JENNIFER A.	Upon Receipt	13.73

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Patient: JENNIFER A. ALMANZA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALMJE000	Place of Service: CLS HEALTH	Date of Birth: 07/01/1982
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
						Patient Deductible	BLUE		
06/17/22	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-35.00		-104.39		-208.52
06/16/22	99999	NO SHOW		25.00			0.00		25.00

Patient: JENNIFER A. ALMANZA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALMJE000	Place of Service: CLS HEALTH	Date of Birth: 07/01/1982
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
						Patient Deductible	BLUE		
07/14/22	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-35.00		-165.48		-208.52

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JULIAN C. ALMANZA
1975 HIGHLAND MEADOWS DR
HOUSTON, TX 77089-1720

(281)323-3786

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMJU000	1
Guarantor	Due Date	Payment Due
JULIAN C.	Upon Receipt	8.78

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Date of Last Payment:	2/27/2024		Amount of Last Payment:	-70.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JULIAN C. ALMANZA	ROHIT R. DHIR MD	ALMJU000	CLS HEALTH	11/09/1994

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
07/26/23	51798	Us urine capacity measure		32.00		-8.36	-20.06	3.58
07/26/23	81000	Urinalysis nonauto w/scope		12.00		-1.88	-9.31	0.81
11/22/23	51798	Us urine capacity measure		32.00		-8.36	-20.06	3.58
11/22/23	81000	Urinalysis nonauto w/scope		12.00		-1.88	-9.31	0.81

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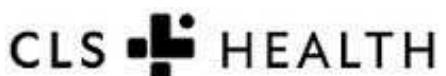
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Amount Due

8.78



PO BOX 58538
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281-694-5986

KEYCIA ALMENDAREZ
11807 LAFFERTY OAKS ST
HOUSTON, TX 77013-5618

(832)285-4031

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMKE000	1
Guarantor	Due Date	Payment Due
KEYCIA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KEYCIA ALMENDAREZ	ZEID F. KARADSHEH MD	ALMKE000	CLS HEALTH	09/27/1968
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/22/23	99999	NO SHOW	25.00	Paid by UNITED
				Adjustments Remainder
				25.00

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

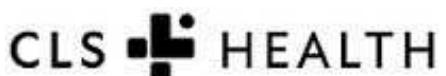
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Amount Due

25.00



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NIVEA L. ALMAZAN
217 CEDAR DR
HITCHCOCK, TX 77563-3001

(281)733-4888

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMNI000	1
Guarantor	Due Date	Payment Due
NIVEA L.	Upon Receipt	42.54

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Date of Last Payment:	8/2/2021	Amount of Last Payment:	-47.94
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NIVEA L. ALMAZAN	REMY TEQWIMUAH MD	ALMNI000	UTMB	09/18/1995

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
06/26/21	99220	Observation, Initial - High Severity		559.00	-30.56	-122.22	-406.22	30.56

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NIVEA L. ALMAZAN	ALI EZZO MD	ALMNI000	UTMB	09/18/1995

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
06/27/21	99217	OBSERVATION DISCHARGE		222.00	-11.98	-47.94	-162.08	11.98

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Amount Due

42.54



PO BOX 58538
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281-694-5986

PAMELA R. ALMENDAREZ
455 COUNTY ROAD 142
ALVIN, TX 77511-7332

(281)804-9105

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMPA000	1
Guarantor	Due Date	Payment Due
PAMELA R.	Upon Receipt	139.64

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Date of Last Payment:	1/25/2024		Amount of Last Payment:	0.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PAMELA R. ALMENDAREZ	MOHAMED A. KHALIL MD	ALMPA000	CLS HEALTH	12/06/1969

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by AETNA	Adjustments		Remainder
				Charge	Applied to					
01/03/24	70553	Mri brain stem w/o & w/dye		976.00	-321.55	-437.91	0.00		-538.09	116.36
01/03/24	36415	Routine venipuncture		26.00		-2.28	0.00		-23.72	2.28
01/03/24	A9575	INJ GADOTERATE MEGLUMINE 0.1		150.00		-21.00	0.00		-129.00	21.00

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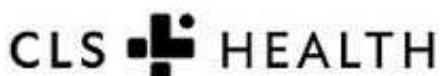
Call 281-694-5986

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

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

Amount Due

139.64



PO BOX 58538
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281-694-5986

PATRICIA S. ALMQUIST
158 OAK HOLLOW BLVD
MANGOLIA, TX 77355-4315

(281)635-3923

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMPA001	1
Guarantor	Due Date	Payment Due
PATRICIA S.	Upon Receipt	286.68

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Date of Last Payment:	11/14/2024	Amount of Last Payment:	-89.32
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Patient: PATRICIA S. ALMQUIST	Rendering Physician: MAZEN NOUREDDIN MD	Chart Number: ALMPA001	Place of Service: CLS HEALTH	Date of Birth: 07/24/1953
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
01/23/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00	-159.95	0.00	-509.05	159.95

Patient: PATRICIA S. ALMQUIST	Rendering Physician: MAZEN NOUREDDIN MD	Chart Number: ALMPA001	Place of Service: CLS HEALTH	Date of Birth: 07/24/1953
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
01/23/24	76981	Use parenchyma		311.00	-126.73	0.00	-184.27	126.73

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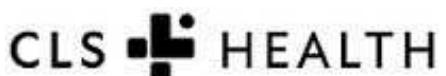
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Amount Due

286.68



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SAMIR ALMOUIE
4627 STONEMEDE DR
FRIENDSWOOD, TX 77546-3135

(281)500-3155

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMSA000	1
Guarantor	Due Date	Payment Due
SAMIR ALMOUIE	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SAMIR ALMOUIE	ROHIT R. DHIR MD	ALMSA000	CLS HEALTH	11/01/1997
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/25/21	99992	NO SHOW	50.00	Paid by CASH
				Adjustments Remainder
				50.00

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SANABEL ALMOUIE
4627 STONEMEDE DR
FRIENDSWOOD, TX 77546-3135

(832)862-0579

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMSA001	1
Guarantor	Due Date	Payment Due
SANABEL	Upon Receipt	479.43

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Date of Last Payment: 7/25/2024					Amount of Last Payment: -106.56				
Patient: SANABEL ALMOUIE		Rendering Physician: JIHAD M. HARMOUCHE MD		Chart Number: ALMSA001		Place of Service: CLS HEALTH		Date of Birth: 09/22/1989	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder	
03/30/22	99204	OFFICE VIST NEW LEVEL 4		521.00	-42.40	-118.38	0.00	-402.62	75.98
05/11/22	76830	Transvaginal us non-ob	59	385.00		-101.82	0.00	-283.18	101.82
05/11/22	76856	Us exam pelvic complete		340.00		-90.06	0.00	-249.94	90.06
Patient: SANABEL ALMOUIE					Rendering Physician: JIHAD M. HARMOUCHE MD		Chart Number: ALMSA001		Date of Birth: 09/22/1989
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder	
10/05/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-19.38	-91.51	0.00	-308.49	72.13
10/11/22	99213	OFFICE VISIT EST/LEVEL 3		283.00		-64.49	0.00	-218.51	64.49
12/06/22	99214	OFFICE VISIT EST/LEVEL 4		385.00	-112.00	-91.51	0.00	-293.49	-20.49
04/03/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-112.00	-106.56	0.00	-396.44	-5.44
04/03/23	76801	OB US < 14 WKS SINGLE FETUS		358.00		-98.93	0.00	-259.07	98.93
Patient: SANABEL ALMOUIE					Rendering Physician: VENKATA K. JONNA MD		Chart Number: ALMSA001		Date of Birth: 09/22/1989
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder	
07/25/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-25.00	-138.95	0.00	-364.05	113.95

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SANABEL ALMOUIE
4627 STONEMEDE DR
FRIENDSWOOD, TX 77546-3135

(832)862-0579

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMSA001	2
Guarantor	Due Date	Payment Due
SANABEL	Upon Receipt	479.43

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Patient: SANABEL ALMOUIE	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ALMSA001	Place of Service: CLS HEALTH	Date of Birth: 09/22/1989
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Dates	Procedure	Description	Paid By	Applied to	Paid by AETNA	Adjustments	Remainder	
			Modifier	Charge				Patient Deductible
12/01/23	99214	OFFICE VISIT EST/LEVEL 4	Q6	385.00	-112.00	-106.56	-278.44	-112.00

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TRINIDAD J. ALMANZA
4221 AVENUE R
GALVESTON, TX 77550-6920

(409)457-8302

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMTR000	1
Guarantor	Due Date	Payment Due
TRINIDAD J.	Upon Receipt	6787.80

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Date of Last Payment:	4/21/2022	Amount of Last Payment:	0.00
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Patient: TRINIDAD J. ALMANZA	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALMTR000	Place of Service: TRIUMPH/KIND	Date of Birth: 04/13/1946
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
03/20/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.67	205.33
03/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
04/03/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66
04/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
04/17/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66
04/18/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.34	73.66

Patient: TRINIDAD J. ALMANZA	Rendering Physician: CHARMAINE A. ENERIO	Chart Number: ALMTR000	Place of Service: TRIUMPH/KIND	Date of Birth: 04/13/1946
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
03/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/26/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/27/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/28/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/29/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/30/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/31/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
04/01/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
04/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALMTR000	2
Guarantor	Due Date	Payment Due
TRINIDAD J.	Upon Receipt	6787.80

TRINIDAD J. ALMANZA
4221 AVENUE R
GALVESTON, TX 77550-6920

(409)457-8302

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04/05/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/06/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/07/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/08/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/09/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/10/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/11/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/12/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/13/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/14/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/15/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/16/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/19/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00
04/20/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.00	106.00

Patient: TRINIDAD J. ALMANZA	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ALMTR000	Place of Service: TRIUMPH/KIND	Date of Birth: 04/13/1946
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/20/21	99223	INITIAL HOSPITAL/HIGH	A1	616.00	0.00		-410.76	205.24
03/20/21	99497	Advncd care plan 30 min		241.00	0.00		-160.51	80.49
03/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/26/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/27/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86
03/28/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00		-212.14	105.86

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Amount Due

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TRINIDAD J. ALMANZA
4221 AVENUE R
GALVESTON, TX 77550-6920

(409)457-8302

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMTR000	3
Guarantor	Due Date	Payment Due
TRINIDAD J.	Upon Receipt	6787.80

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03/29/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
03/30/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
03/31/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/01/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
04/03/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/04/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/05/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
04/06/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/07/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/08/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/09/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/10/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/11/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
04/12/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/13/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/14/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/15/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/16/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/17/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/18/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/19/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66
04/20/21	99239	HOSPITAL DISCHARGE, LONG	327.00	0.00	-217.88	109.12

Patient: **TRINIDAD J. ALMANZA** Rendering Physician: **SHAFRAZ MOHAMMED MD** Chart Number: **ALMTR000** Place of Service: **ENCOMPASS** Date of Birth: **04/13/1946**

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/27/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	0.00	-212.14	105.86

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TRINIDAD J. ALMANZA
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GALVESTON, TX 77550-6920

(409)457-8302

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMTR000	4
Guarantor	Due Date	Payment Due
TRINIDAD J.	Upon Receipt	6787.80

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04/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
04/30/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66

Patient: TRINIDAD J. ALMANZA	Rendering Physician: FARRAH ALI FNP-C	Chart Number: ALMTR000	Place of Service: ENCOMPASS	Date of Birth: 04/13/1946
--	---	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	MEDICARE	Adjustments		Remainder
			Modifier	Charge			Applied to	Paid by	
04/22/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00		-410.76	205.24
04/29/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00		-147.34	73.66

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALOAR000	1
Guarantor	Due Date	Payment Due
ARTHUR ALONZO	Upon Receipt	2867.36

ARTHUR ALONZO
2401 REPSDORPH RD APT 1110
SEABROOK, TX 77586-6460

(832)315-7352

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ARTHUR ALONZO	ALI EZZO MD	ALOAR000	UTMB	09/29/1963

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	SELPAY		
08/01/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.76	205.24
08/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/03/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/05/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/07/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/08/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/09/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/10/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/11/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/12/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00

Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ARTHUR ALONZO		EMRAN ABU ATHERAH MD	ALOAR000	UTMB	09/29/1963

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	SELPAY		
08/13/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/14/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/15/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/16/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-221.00	106.00

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ARTHUR ALONZO
2401 REPSDORPH RD APT 1110
SEABROOK, TX 77586-6460

(832)315-7352

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOAR000	2
Guarantor	Due Date	Payment Due
ARTHUR ALONZO	Upon Receipt	2867.36

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Patient: ARTHUR ALONZO	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALOAR000	Place of Service: UTMB	Date of Birth: 09/29/1963
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
08/19/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.00	290.00
08/20/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.00	290.00
08/21/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.00	290.00
08/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00

Patient: ARTHUR ALONZO	Rendering Physician: NISARG PATEL MD	Chart Number: ALOAR000	Place of Service: UTMB	Date of Birth: 09/29/1963
----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
08/25/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-218.88	108.12

Patient: ARTHUR ALONZO	Rendering Physician: ALI EZZO MD	Chart Number: ALOAR000	Place of Service: UTMB	Date of Birth: 09/29/1963
----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

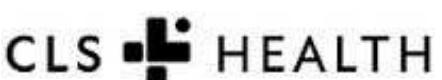
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
08/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
08/23/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00

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281-694-5986

GLORIA F. ALONZO
1400 EL CAMINO VILLAGE DR
APT 2407
HOUSTON, TX 77058-3064
(832)985-1187

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOGL000	1
Guarantor	Due Date	Payment Due
GLORIA F.	Upon Receipt	1119.22

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Date of Last Payment: 12/29/2023	Amount of Last Payment: -25.00
----------------------------------	--------------------------------

Patient: GLORIA F. ALONZO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALOGL000	Place of Service: CLS HEALTH	Date of Birth: 03/29/1964
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
06/17/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-5.00	-133.20	-266.80	-5.00
07/15/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-5.00	-187.73	-375.27	-5.00
11/01/22	99215	OFFICE VISIT EST/LEVEL 5		563.00		-87.73	-375.27	100.00
10/05/22	99999	NO SHOW		25.00		0.00		25.00
09/22/23	99999	NO SHOW		25.00		0.00		25.00
10/12/23	99999	NO SHOW		25.00		0.00		25.00

Patient: GLORIA F. ALONZO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALOGL000	Place of Service: CLEAR LAKE	Date of Birth: 03/29/1964
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
04/04/22	76937	Us guide vascular access	26	45.00		-8.44	-32.94	3.62
04/04/22	36223	Place cath carotid/inom art	50	991.00		-346.84	-495.51	148.65
04/04/22	36226	Place cath vertebral art	LT	1,108.0		-129.25	-923.36	55.39

Patient: GLORIA F. ALONZO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALOGL000	Place of Service: CLEAR LAKE	Date of Birth: 03/29/1964
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
05/26/22	37221	Iliac revasc w/stent	50	1,514.0		-529.92	-756.97	227.11
05/26/22	37252	Intravasc us noncoronary 1st	RT	273.00		-63.63	-182.10	27.27

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Statement Date	Invoice Number	Page
02/10/2025	CLS ALOGL000	2
Guarantor	Due Date	Payment Due
GLORIA F.	Upon Receipt	1119.22

GLORIA F. ALONZO
1400 EL CAMINO VILLAGE DR
APT 2407
HOUSTON, TX 77058-3064
(832)985-1187

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GLORIA F. ALONZO	ZULFIQAR CHEEMA MD	ALOGLO00	CLS HEALTH	03/29/1964

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
06/23/22	93880	Extracranial bilat study		614.00	-61.42	-204.75	-409.25	-61.42

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GLORIA F. ALONZO	JIHAD M. HARMOUCHE MD	ALOGLO00	CLS HEALTH	03/29/1964

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
11/14/22	99214	OFFICE VISIT EST/LEVEL 4		385.00		0.00	-135.00	250.00
11/28/22	99213	OFFICE VISIT EST/LEVEL 3		272.00		0.00	-22.00	250.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GLORIA F. ALONZO	SHAFRAZ MOHAMMED MD	ALOGLO00	CLEAR LAKE	03/29/1964

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
02/10/23	99223	INITIAL HOSPITAL/HIGH		523.00		-125.07	-344.33	53.60

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LINDA K. ALONZO
3 S HEIGHTS ST
LA MARQUE, TX 77568-3457

(409)256-4010

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOLI000	1
Guarantor	Due Date	Payment Due
LINDA K. ALONZO	Upon Receipt	25.00

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Date of Last Payment: 8/19/2022		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LINDA K. ALONZO	ABDELNASER ELKHALILI MD	ALOLI000	CLS HEALTH	06/09/1947
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/25/22	99999	NO SHOW	25.00	Paid by UNITED
				Adjustments Remainder
				25.00

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MAHA ALOOSH
263 WESTWOOD DR
LEAGUE CITY, TX 77573-3489

(832)544-9160

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOMA000	1
Guarantor	Due Date	Payment Due
MAHA ALOOSH	Upon Receipt	47.24

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Date of Last Payment: 3/3/2022

Amount of Last Payment: -97.13

Patient: MAHA ALOOSH	Rendering Physician: NISARG PATEL MD	Chart Number: ALOMA000	Place of Service: UTMB	Date of Birth: 08/14/1986
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	UNITED		
11/23/21	99217	OBSERVATION DISCHARGE		222.00		-44.63	-162.50	14.87

Patient: MAHA ALOOSH	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALOMA000	Place of Service: UTMB	Date of Birth: 08/14/1986
--------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	UNITED		
11/22/21	99220	Observation, Initial - High Severity		559.00		-97.13	-429.50	32.37

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SUHA A. ALOBEIDI
1601 BEL RIPOSO LN
LEAGUE CITY, TX 77573-4797

(832)419-7842

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOSU000	1
Guarantor	Due Date	Payment Due
SUHA A.	Upon Receipt	20.00

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Date of Last Payment:	12/3/2024		Amount of Last Payment:	-20.36
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUHA A. ALOBEIDI	TAREK M. HUSSEIN DPT	ALOSU000	CLS HEALTH	04/19/1969

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Communi		
09/19/22	97032	Electrical stimulation	GP	46.00	-20.00	-12.27	-33.73	-20.00
09/19/22	97530	Therapeutic activities	GP	117.00		-7.73	-89.27	20.00
09/26/22	97032	Electrical stimulation	GP	46.00	-20.00	0.00	-33.73	-7.73
09/26/22	97110	Therapeutic exercises	GP	186.00		-39.91	-138.36	7.73
10/03/22	97032	Electrical stimulation	GP	46.00	-20.00	0.00	-33.73	-7.73
10/03/22	97110	Therapeutic exercises	GP	186.00		-39.91	-138.36	7.73
10/06/22	97032	Electrical stimulation	GP	46.00	-20.00	0.00	-33.73	-7.73
10/06/22	97110	Therapeutic exercises	GP	186.00		-39.91	-138.36	7.73
12/12/22	97032	Electrical stimulation	GP	46.00		0.00	-33.73	12.27
12/12/22	97110	Therapeutic exercises	GP	93.00		-16.09	-69.18	7.73

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20.00



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281-694-5986

VINCENT ALONGI
1310 S FRIENDSWOOD DR
FRIENDSWOOD, TX 77546-4968

(386)503-5777

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOVI000	1
Guarantor	Due Date	Payment Due
VINCENT ALONGI	Upon Receipt	20.76

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Date of Last Payment: 11/13/2024	Amount of Last Payment: -11.37
----------------------------------	--------------------------------

Patient: VINCENT ALONGI	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALOVI000	Place of Service: CLS HEALTH	Date of Birth: 05/26/1941
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by MEDICARE	Paid by AARP	Adjustments		Remainder
				Charge	Patient Deductible			Adjustments		
11/10/22	99212	OFFICE VISIT EST/LEVEL 2	25	177.00	-20.00	-47.02	0.00	-118.21	-8.23	
12/06/22	99212	OFFICE VISIT EST/LEVEL 2	25	177.00	-20.00	-47.02	0.00	-118.21	-8.23	
04/25/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-105.59	-6.32	-253.09	20.00	
06/20/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-20.00	-74.66	0.00	-178.73	-1.39	
08/15/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-20.00	-74.66	0.00	-178.73	-1.39	
10/10/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-105.59	-6.32	-253.09	20.00	

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Amount Due

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281-694-5986

BARRY ALPHONSE
1827 OAKWOOD COURT DR
BAYTOWN, TX 77521-1994

(281)838-0633

Statement Date	Invoice Number	Page
02/10/2025	CLS ALPBA000	1
Guarantor	Due Date	Payment Due
BARRY	Upon Receipt	50.00

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Date of Last Payment:	Amount of Last Payment:
Patient: BARRY ALPHONSE	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
10/18/23	99999	NO SHOW		25.00		0.00	25.00
08/17/24	99999	NO SHOW		25.00		0.00	25.00

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Amount Due

50.00



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281-694-5986

LISA K. ALPOUGH
12 S PINE RD
TEXAS CITY, TX 77591-4711

(832)340-3151

Statement Date	Invoice Number	Page
02/10/2025	CLS ALPLI000	1
Guarantor	Due Date	Payment Due
LISA K. ALPOUGH	Upon Receipt	25.00

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Webster, TX 77598

Date of Last Payment: 1/5/2023

Amount of Last Payment: -49.40

Patient: LISA K. ALPOUGH	Rendering Physician: VICTORIA R. ANGELLE RD	Chart Number: ALPLI000	Place of Service: CLS HEALTH	Date of Birth: 03/25/1962
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
12/20/22	97802	MEDICAL NUTRITION INDIV IN		460.00	-25.00	-49.40	-360.60	25.00

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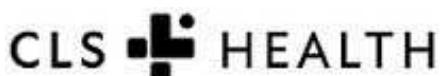
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Amount Due

25.00



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ABDALLA ALQUT
16811 BLACKHAWK BLVD
FRIENDSWOOD, TX 77546-3405

(832)386-8252

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQAB000	1
Guarantor	Due Date	Payment Due
ABDALLA ALQUT	Upon Receipt	53.62

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Date of Last Payment:	1/30/2023	Amount of Last Payment:	-25.00
Patient: ABDALLA ALQUT	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALQAB000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Friday		
10/03/22	99243	OFFICE CONSULTATION LEVEL 3	25	267.00		-123.09		-123.91 20.00
10/03/22	12011	Rpr f/e/e/n/l/m 2.5 cm/<		355.00		-122.62		-218.76 13.62
10/10/22	99213	OFFICE VISIT EST/LEVEL 3		283.00		-88.57		-174.43 20.00

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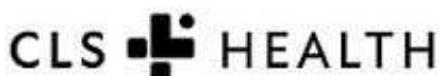
Call 281-694-5986

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

Amount Due

53.62



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FRANCIS ALQUIADEZ
206 CULLEN CT
LA PORTE, TX 77571-9596

(281)865-4096

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQFR000	1
Guarantor	Due Date	Payment Due
FRANCIS	Upon Receipt	276.20

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
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Patient: FRANCIS ALQUIADEZ	Rendering Physician: ALI EZZO MD	Chart Number: ALQFR000	Place of Service: UTMB	Date of Birth: 01/17/1968
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
11/09/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15

Patient: FRANCIS ALQUIADEZ	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALQFR000	Place of Service: UTMB	Date of Birth: 01/17/1968
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
11/10/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05

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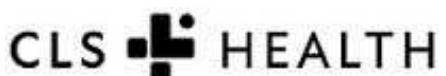
Call 281-694-5986

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Amount Due

276.20



PO BOX 58538
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281-694-5986

HUSAM M. ALQUT
16811 BLACKHAWK BLVD
FRIENDSWOOD, TX 77546-3405

(832)740-9843

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQHU000	1
Guarantor	Due Date	Payment Due
HUSAM M. ALQUT	Upon Receipt	10.00

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Date of Last Payment: 6/1/2021

Amount of Last Payment: -114.83

Patient: HUSAM M. ALQUT	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALQHU000	Place of Service: CLS HEALTH	Date of Birth: 05/28/1971
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
05/03/21	99243	OFFICE CONSULTATION LEVEL 3		267.00	-114.83		-142.17	10.00

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Amount Due

10.00



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MAY S. ALQTAIFANI
16114 WINDOM DR
WEBSTER, TX 77598-2610

(281)702-9911

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQMA000	1
Guarantor	Due Date	Payment Due
MAY S.	Upon Receipt	161.60

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Date of Last Payment:	1/23/2024	Amount of Last Payment:	0.00
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Patient: MAY S. ALQTAIFANI	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
04/24/23	99999	NO SHOW		25.00		0.00		25.00
08/14/23	27096	Inject sacroiliac joint	50	494.00	-50.00	-177.11	-240.98	25.91
08/14/23	J2001	Lidocaine injection	59	2.00		-0.03	-1.94	0.03

Patient: MAY S. ALQTAIFANI	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
05/03/23	99999	NO SHOW		25.00		0.00		25.00
05/08/23	99999	NO SHOW		25.00		0.00		25.00

Patient: MAY S. ALQTAIFANI	Rendering Physician: MAAMOUN HARMOUCH MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
10/02/23	74176	Ct abd & pelvis w/o contrast		575.00	-58.95	-110.06	-417.77	-11.78

Patient: MAY S. ALQTAIFANI	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
10/05/23	72100	X-rayexam-l-s spine 2/3 ws		121.00	-12.43	-23.22	-87.83	-2.48

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MAY S. ALQTAIFANI
16114 WINDOM DR
WEBSTER, TX 77598-2610

(281)702-9911

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQMA000	2
Guarantor	Due Date	Payment Due
MAY S.	Upon Receipt	161.60

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Patient: MAY S. ALQTAIFANI	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/29/23	99999	NO SHOW		25.00		0.00	25.00
11/02/23	99999	NO SHOW		25.00		0.00	25.00
01/05/24	99999	NO SHOW		25.00		0.00	25.00

Patient: MAY S. ALQTAIFANI	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
10/13/23	72148	Mri lumbar spine w/o dye		602.00	-12.43	-115.37	-437.19	37.01

Patient: MAY S. ALQTAIFANI	Rendering Physician: MAAMOUN HARMOUCH MD	Chart Number: ALQMA000	Place of Service: CLS HEALTH	Date of Birth: 09/15/1969
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
11/16/23	93971	Extremity study		362.00	-37.09	-98.92	-263.08	-37.09

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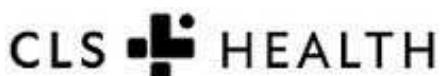
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Amount Due

161.60



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

(901)618-3155

Statement Date	Invoice Number	Page
02/10/2025	CLS ALROM000	1
Guarantor	Due Date	Payment Due
OMAR MAKI I. AL	Upon Receipt	73.14

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Date of Last Payment: 3/6/2024

Amount of Last Payment: -398.21

Patient: OMAR MAKI I. AL	Rendering Physician: KHAN KHURRUM MD	Chart Number: ALROM000	Place of Service: MEMORIAL	Date of Birth: 10/18/1980
------------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	Ambetter			
01/02/24	99223	1ST HOSP IP/OBS HIGH 75		521.00		-130.15		-347.47	43.38
01/03/24	99232	SBSQ HOSP IP/OBS MODERATE 35	25	237.00		-59.26		-157.98	19.76
01/03/24	99306	Nursing Home Initial Visit Level 3	26	547.00		-208.80		-328.20	10.00

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RAED ALROSAN
17914 BARTON RIDGE LN
RICHMOND, TX 77407-7888

(813)420-8823

Statement Date	Invoice Number	Page
02/10/2025	CLS ALRRA000	1
Guarantor	Due Date	Payment Due
RAED ALROSAN	Upon Receipt	35.04

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Date of Last Payment: 3/31/2023				Amount of Last Payment: -2.95				
Patient: RAED ALROSAN		Rendering Physician: MOUSTAFA M. AHMED MD		Chart Number: ALRRA000		Place of Service: CLS HEALTH		Date of Birth: 07/02/1978
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
11/14/22	94760	Measure blood oxygen level		7.00	-0.28	-2.54	-4.18	0.28
12/22/22	64483	Inj foramen epidural l/s		745.00	-38.04	-30.39 -273.54	-441.07	-7.65
12/22/22	64484	Inj foramen epidural add-on		339.00	-	-13.76 -123.85	-201.39	13.76
12/22/22	J2001	Lidocaine injection	59	2.00	-	-0.08 -0.75	-1.17	0.08
12/22/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00	-	-0.04 -0.37	-0.59	0.04
12/22/22	J7030	Normal saline solution infus		8.00	-	-0.33 -2.95	-4.72	0.33
Patient: RAED ALROSAN				Rendering Physician: MOUSTAFA M. AHMED MD		Chart Number: ALRRA000		Date of Birth: 07/02/1978
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
12/13/22	72148	Mri lumbar spine w/o dye		640.00	-21.34	-24.54 -220.84	-394.62	3.20
Patient: RAED ALROSAN				Rendering Physician: MOUSTAFA M. AHMED MD		Chart Number: ALRRA000		Date of Birth: 07/02/1978
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
01/18/23	99999	NO SHOW		25.00	-	0.00	-	25.00

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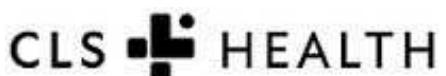
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Amount Due

35.04



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281-694-5986

ABDUL H. ALSAH
3850 FM 518 RD E APT 103
LEAGUE CITY, TX 77573-0751

(832)533-5814

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSAB000	1
Guarantor	Due Date	Payment Due
ABDUL H.	Upon Receipt	70.50

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Date of Last Payment: 12/17/2024

Amount of Last Payment: 0.00

Patient: ABDUL H. ALSAH	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALSAB000	Place of Service: CLS HEALTH	Date of Birth: 01/25/1959
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
11/08/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		-101.60	-253.40	30.00

Patient: ABDUL H. ALSAH	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALSAB000	Place of Service: CLS HEALTH	Date of Birth: 01/25/1959
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
06/03/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-125.58	-30.90	-421.10	-70.58
06/18/24	99215	OFFICE VISIT EST/LEVEL 5		546.00		-129.96	-361.04	55.00

Patient: ABDUL H. ALSAH	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALSAB000	Place of Service: CLS HEALTH	Date of Birth: 01/25/1959
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	
06/03/24	73565	X-ray exam of knees		119.00		-32.31	0.00	-86.69	32.31
06/03/24	73551	X-ray exam of femur 1		88.00		-23.77	0.00	-64.23	23.77

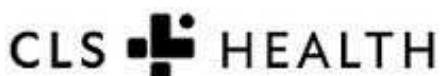
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70.50



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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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Webster, TX 77598

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
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	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
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	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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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

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Date of Last Payment: 11/6/2024				Amount of Last Payment: -40.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
NADA ALSAWAF	JACQUELINE M. WEGGE MD	ALSNA000	BAYSHORE	12/06/1967		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CASH	Adjustments Remainder
07/28/22	19301	Partial mastectomy	2,078.0	-165.17	0.00	1,912.83
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
NADA ALSAWAF	ABDELNASER ELKHALILI MD	ALSNA000	CLS HEALTH	12/06/1967		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CORE	Adjustments Remainder
08/17/22	99204	OFFICE VIST NEW LEVEL 4	521.00		-117.43	-378.57 25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
NADA ALSAWAF	JACQUELINE M. WEGGE MD	ALSNA000	CLS HEALTH	12/06/1967		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient 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:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
NADA ALSAWAF	ZEID F. KARADSHEH MD	ALSNA000	BAY AREA	12/06/1967		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient 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

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

(832)752-5828

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSNA000	2
Guarantor	Due Date	Payment Due
NADA ALSAWAF	Upon Receipt	2193.88

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

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by ENTRUST	Adjustments	Remainder
08/22/24	76981	Use parenchyma		311.00		-113.87	-177.13	20.00

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

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by ENTRUST	Adjustments	Remainder
08/21/24	99205	OFFICE VIST NEW LEVEL 5		669.00		-249.98	-379.02	40.00
08/21/24	93000	Electrocardiogram complete		43.00		-15.03	-24.21	3.76

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PRINCE ALSAHLI
2300 IRON RIDGE LN
FRIENDSWOOD, TX 77546-1518

(832)846-7437

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSPR000	1
Guarantor	Due Date	Payment Due
PRINCE ALSAHLI	Upon Receipt	133.92

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Date of Last Payment: 3/1/2023

Amount of Last Payment: 0.00

Patient: PRINCE ALSAHLI	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALSPR000	Place of Service: CLS HEALTH	Date of Birth: 01/20/1986
-----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by Patient Deductible	Paid by BLUE	Adjustments	Remainder
11/17/22	20610	Drain/inj joint/bursa w/o us	LT	204.00		-53.92	0.00	-150.08	53.92

Patient: PRINCE ALSAHLI	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALSPR000	Place of Service: CLS HEALTH	Date of Birth: 01/20/1986
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by Patient Deductible	Paid by BLUE	Paid by KRYSTEXX	Adjustments	Remainder
11/21/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-3.26	0	-316.74	80.00	

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SAMIH Y. AL SHAWWA
15571 PENSGATE ST
HOUSTON, TX 77062-4024

(281)854-4232

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSSA001	1
Guarantor	Due Date	Payment Due
SAMIH Y. AL	Upon Receipt	235.71

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Date of Last Payment: 9/30/2024			Amount of Last Payment: -20.00		
Patient: SAMIH Y. AL SHAWWA	Rendering Physician: REGINA PILLAI MD	Chart Number: ALSSA001	Place of Service: CLS HEALTH	Date of Birth: 07/20/1945	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Adjustments	Remainder
05/04/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-105.50	-267.86	26.64

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
SAMIH Y. AL SHAWWA	REGINA R. PILLAI MD	ALSSA001	CLS HEALTH	07/20/1945				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Adjustments	Remainder

04/27/22	71046	X-ray exam chest 2 views		107.00	-7.11	-28.15	-71.74	7.11
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
SAMIH Y. AL SHAWWA	REGINA PILLAI MD	ALSSA001	CLS HEALTH	07/20/1945				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Adjustments	Remainder

05/04/22	94060	Evaluation of wheezing		123.00		-32.37	-82.45	8.18
05/04/22	94726	Pulm funct tst plethysmograph		172.00		-45.32	-115.24	11.44
05/04/22	94729	Co/membrane diffuse capacity		185.00		-48.74	-123.95	12.31
05/04/22	J7613	Albuterol non-comp unit		2.00		-0.07	-1.91	0.02

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
SAMIH Y. AL SHAWWA	OMAR ALBUSTAMI MD	ALSSA001	CLS HEALTH	07/20/1945				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WellMed	Adjustments	Remainder

08/25/23	99215	OFFICE VISIT EST/LEVEL 5	25	540.00	-20.00	-177.51	-362.49	-20.00
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SAMIH Y. AL SHAWWA
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Statement Date	Invoice Number	Page
02/10/2025	CLS ALSSA001	2
Guarantor	Due Date	Payment Due
SAMIH Y. AL	Upon Receipt	235.71

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12/22/23	99214	OFFICE VISIT EST/LEVEL 4	385.00	-20.00	-128.97	-256.03	-20.00
02/06/24	99213	OFFICE VISIT EST/LEVEL 3	274.00	-20.00	-89.63	-184.37	-20.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SAMIH Y. AL SHAWWA	OMAR ALBUSTAMI MD	ALSSA001	CLS HEALTH	07/20/1945

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/25/23	94729	Co/membrane diffuse capacity		171.00		-37.11	-113.89 20.00
08/25/23	J7613	Albuterol non-comp unit		2.00		-0.05	-1.94 0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SAMIH Y. AL SHAWWA	ROHIT R. DHIR MD	ALSSA001	CLS HEALTH	07/20/1945

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
10/05/23	99992	NO SHOW		50.00		0.00	50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SAMIH Y. AL SHAWWA	BAHAEDDIN SHABANEH MD	ALSSA001	CLS HEALTH	07/20/1945

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/08/23	93248	Ext ecg>7d<15d rev&interpj		75.00		-6.26	-48.74 20.00
01/15/24	93294	Rem interrog evl pm/lpls pm		88.00		-14.03	-58.97 15.00
04/15/24	93294	Rem interrog evl pm/lpls pm		88.00		-14.51	-58.49 15.00
04/24/24	93306	Tte w/doppler complete		585.00	-20.00	-81.60	-388.40 95.00
07/16/24	93294	Rem interrog evl pm/lpls pm		88.00		-14.51	-58.49 15.00

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WILLIE B. ALSANDOR
2889 REED RD APT 14101
HOUSTON, TX 77051-2392

(832)722-2504

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSWI000	1
Guarantor	Due Date	Payment Due
WILLIE B.	Upon Receipt	199.15

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Date of Last Payment: 12/26/2023	Amount of Last Payment: -262.14
----------------------------------	---------------------------------

Patient: WILLIE B. ALSANDOR	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ALSWI000	Place of Service: PAM REHAB	Date of Birth: 03/23/1947
---------------------------------------	--	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
10/25/23	99223	1ST HOSP IP/OBS HIGH 75		523.00		-143.35	-343.92	35.73
10/27/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-98.37	-236.11	24.52
10/30/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-98.37	-236.11	24.52
11/01/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-98.37	-236.11	24.52
11/03/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-98.37	-236.11	24.52
11/06/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-98.37	-236.11	24.52
11/07/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-98.37	-236.11	24.52
11/08/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-65.40	-157.30	16.30

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AHMAD ALTAHAN
9988 WINDMILL LAKES BLVD
HOUSTON, TX 77075-3366

(346)757-6986

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTAH000	1
Guarantor	Due Date	Payment Due
AHMAD ALTAHAN	Upon Receipt	25.00

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Amount of Last Payment: -117.43

Patient: AHMAD ALTAHAN	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALTAH000	Place of Service: CLS HEALTH	Date of Birth: 01/19/1999
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CORE	Adjustments	Remainder	
09/08/22	99204	OFFICE VIST NEW LEVEL 4		521.00		-117.43		-378.57	25.00

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ALICE ALTAMIRANO
2511 OVERLAND TRL
DICKINSON, TX 77539-5947

(832)725-9517

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTAL000	1
Guarantor	Due Date	Payment Due
ALICE	Upon Receipt	729.88

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Date of Last Payment: 11/24/2024	Amount of Last Payment: -202.10
----------------------------------	---------------------------------

Patient: ALICE ALTAMIRANO	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALTAL000	Place of Service: CLS HEALTH	Date of Birth: 08/31/1949
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
03/30/23	J1745	Infliximab not biosimil 10mg		2,980.0	-0.89	-557.76	-2,282.80	138.55
04/13/23	J1745	Infliximab not biosimil 10mg		2,980.0	-0.89	-544.64	-2,299.20	135.27
05/11/23	J1745	Infliximab not biosimil 10mg		2,980.0	-0.89	-533.75	-2,310.09	135.27
02/21/24	J1745	Infliximab not biosimil 10mg		2,016.0	-73.47	-529.49	-1,351.45	61.59
10/09/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-87.79	-264.21	35.00
10/09/24	96413	Chemo iv infusion 1 hr		385.00		-97.26	-262.93	24.81
10/09/24	96415	Chemo iv infusion addl hr		83.00		-20.89	-56.78	5.33
10/09/24	J1745	Infliximab not biosimil 10mg		2,112.0		-555.79	-1,414.43	141.78
10/09/24	J1745	Infliximab not biosimil 10mg	JW	768.00		-202.10	-514.36	51.54

Patient: ALICE ALTAMIRANO	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: ALTAL000	Place of Service: CLS HEALTH	Date of Birth: 08/31/1949
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
01/26/24	J3301	Triamcinolone acet inj nos	JZ	12.00		-2.96	-8.30	0.74

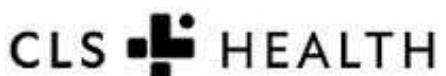
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AYA AL TAWEEEL
908 SHUMARD ST
WEBSTER, TX 77598-1653

(810)820-1205

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTAY000	1
Guarantor	Due Date	Payment Due
AYA AL TAWEEEL	Upon Receipt	40.00

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Amount of Last Payment: -84.00

Patient: AYA AL TAWEEEL	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALTAY000	Place of Service: CLS HEALTH	Date of Birth: 12/29/2014
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
01/02/24	99205	OFFICE VIST NEW LEVEL 5		664.00		-249.98	-374.02	40.00

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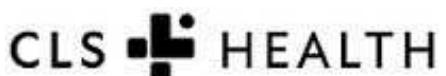
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BJOERN ALTGASSEN
4101 NASA PKWY APT 311
EL LAGO, TX 77586-6216

(915)920-9833

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTBJ000	1
Guarantor	Due Date	Payment Due
BJOERN	Upon Receipt	14.63

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Date of Last Payment:	3/30/2021	Amount of Last Payment:	0.00
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Patient: BJOERN ALTGASSEN	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALTBJ000	Place of Service: CLS HEALTH	Date of Birth: 02/28/1984
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
03/03/21	51798	Us urine capacity measure		32.00	-11.94	0.00	-20.06	11.94
03/03/21	81000	Urinalysis nonauto w/scope		12.00	-2.69	0.00	-9.31	2.69

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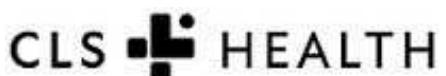
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HAILEY ALTENBAUGH
2705 NORTHERN DR
LEAGUE CITY, TX 77573-4828

(281)827-2802

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTHA000	1
Guarantor	Due Date	Payment Due
HAILEY	Upon Receipt	42.17

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Date of Last Payment:	7/14/2021		Amount of Last Payment:	0.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HAILEY ALTENBAUGH	MOHAMED A. KHALIL MD	ALTHA000	CLS HEALTH	06/23/1991

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Oscar		
05/04/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00	-155.00	0.00	-247.11	-118.11
05/04/21	64415	Njx aa&/strd brach plexus		360.00		-118.42	0.00	-241.58 118.42
05/04/21	76942	Echo guide for biopsy	59	182.00		-41.74	0.00	-140.26 41.74
05/04/21	J1100	Dexamethasone sodium phos	59	1.00		-0.12	0.00	-0.88 0.12

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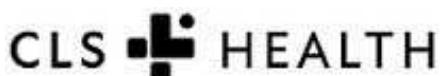
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JANCIE U. ALTUS
3709 CHADWICK DR
ALVIN, TX 77511-5005

(281)455-1001

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTJA000	1
Guarantor	Due Date	Payment Due
JANCIE U. ALTUS	Upon Receipt	99.80

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Date of Last Payment: 3/29/2022		Amount of Last Payment: -113.06							
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
JANCIE U. ALTUS	MAAMOUN A. HARMOUCH	ALTJA000	CLS HEALTH	11/21/1943					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by MUTUAL	Adjustments	Remainder
01/13/22	46600	Diagnostic anoscopy spx		390.00	-105.84	-24.15	-6.04	-260.01	99.80

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LANE ALTENBAUMER
20 PRAIRIE KNOLL DR
SANTA FE, TX 77510-8145

(281)217-9651

Statement Date	Invoice Number	Page
02/10/2025	CLS ALTLA000	1
Guarantor	Due Date	Payment Due
LANE	Upon Receipt	169.55

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Date of Last Payment:	10/4/2024	Amount of Last Payment:	-80.52
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Patient: LANE ALTENBAUMER	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: ALTLA000	Place of Service: CLS HEALTH	Date of Birth: 11/18/1953
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Dates	Procedure	Description	Paid By		Paid by BLUE	Adjustments		Remainder
			Modifier	Charge				
08/01/23	20610	Drain/inj joint/bursa w/o us	RT	197.00	-16.70		-140.30	40.00
08/08/23	20610	Drain/inj joint/bursa w/o us	LT	197.00	-16.70		-140.30	40.00
10/10/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-80.00	-72.69	-199.31	-80.00
10/10/23	20610	Drain/inj joint/bursa w/o us	RT	197.00	-16.70		-140.30	40.00

Patient: LANE ALTENBAUMER	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALTLA000	Place of Service: HOUSTON	Date of Birth: 11/18/1953
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Dates	Procedure	Description	Paid By		Paid by BLUE	Adjustments		Remainder
			Modifier	Charge				
11/22/23	27447	Total knee arthroplasty	RT	3,932.0	-1,166.01		-2,636.44	129.55

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ADAN ALVIAR
819 ROBINSON RD
LA PORTE, TX 77571-9525

(832)773-9591

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVAD001	1
Guarantor	Due Date	Payment Due
ADAN ALVIAR	Upon Receipt	807.45

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Date of Last Payment:	1/25/2022	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ADAN ALVIAR	ZULFIQAR CHEEMA MD	ALVAD001	CLEAR LAKE	03/03/1966

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
12/30/21	49324	Lap insert tunnel ip cath		1,217.0	-427.38	0.00	-789.62	427.38
12/27/21	99222	HOSPITAL PRIMARY, INITIAL MOD		416.00	-112.56	0.00	-303.44	112.56

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ADAN ALVIAR	ZULFIQAR CHEEMA MD	ALVAD001	CLEAR LAKE	03/03/1966

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
01/02/22	36558	Insert tunneled cv cath	RT	804.00		0.00	-536.49	267.51

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807.45



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ADAN ALVAREZ
221 MORRELL ST
BAYTOWN, TX 77520-2619

(832)883-2655

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVAD002	1
Guarantor	Due Date	Payment Due
ADAN ALVAREZ	Upon Receipt	37.97

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Date of Last Payment: 10/19/2022

Amount of Last Payment: -213.90

Patient: ADAN ALVAREZ	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALVAD002	Place of Service: CLS HEALTH	Date of Birth: 03/02/1984
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
07/19/22	99204	OFFICE VIST NEW LEVEL 4		521.00	-42.40	-107.60	-386.50	-15.50

Patient: ADAN ALVAREZ	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALVAD002	Place of Service: BAY AREA	Date of Birth: 03/02/1984
---------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	CIGNA		
09/15/22	55250	Removal of sperm duct(s)		711.00		-213.90	-443.63	53.47

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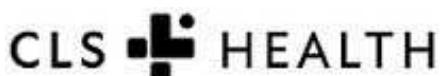
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Amount Due

37.97



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AERIAL M. ALVA
1212 EAGLE LAKES DR
FRIENDSWOOD, TX 77546-5885

(832)955-3255

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVAE000	1
Guarantor	Due Date	Payment Due
AERIAL M. ALVA	Upon Receipt	85.05

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Date of Last Payment:	4/19/2023		Amount of Last Payment:	-198.49
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AERIAL M. ALVA	KAREEM GADELMOLA MD	ALVAE000	UTMB	01/24/1997

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
03/24/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-127.52	-312.84	54.64
03/25/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-70.97	-257.62	30.41

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85.05



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281-694-5986

AIMEE G. ALVAREZ
1913 36TH AVE N
TEXAS CITY, TX 77590-4017

(409)457-0352

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVAI000	1
Guarantor	Due Date	Payment Due
AIMEE G.	Upon Receipt	242.46

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Date of Last Payment:	5/10/2022	Amount of Last Payment:	-174.74
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Patient: AIMEE G. ALVAREZ	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALVAI000	Place of Service: UTMB	Date of Birth: 08/18/1973
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
04/20/22	99291	CRITICAL CARE 1ST HOUR			672.00		-19.64	-453.58	198.78

Patient: AIMEE G. ALVAREZ	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ALVAI000	Place of Service: UTMB	Date of Birth: 08/18/1973
-------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
04/21/22	99291	CRITICAL CARE 1ST HOUR			672.00		-174.74	-453.58	43.68

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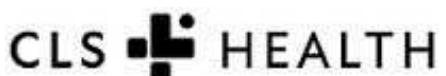
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Amount Due

242.46



PO BOX 58538
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ALICIA ALVAREZ-MUNOZ
18833 TOWN RIDGE LN
APT 2323
WEBSTER, TX 77598-1593
(305)338-0871

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVAL004	1
Guarantor	Due Date	Payment Due
ALICIA ALVAREZ-	Upon Receipt	25.00

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

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA ALVAREZ-MUNOZ	ABDELNASER ELKHALILI MD	ALVAL004	CLS HEALTH	05/16/1963
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
04/19/23	99999	NO SHOW	25.00	Paid by UNITED
				Adjustments Remainder
				25.00

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Amount Due
25.00



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281-694-5986

ANNA M. ALVIAR
218 SHERMAN AVE
PASADENA, TX 77503-1367

(832)340-1892

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVAN003	1
Guarantor	Due Date	Payment Due
ANNA M. ALVIAR	Upon Receipt	89.21

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Date of Last Payment: **4/2/2024**

Amount of Last Payment: **-87.86**

Patient: ANNA M. ALVIAR	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ALVAN003	Place of Service: HCA	Date of Birth: 09/30/1973
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
08/04/23	99205	OFFICE VIST NEW LEVEL 5	25	546.00		-125.21	-380.79	40.00
08/04/23	51701	Insert bladder catheter		77.00	-24.21	0.00	-52.79	24.21

Patient: ANNA M. ALVIAR	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ALVAN003	Place of Service: HCA	Date of Birth: 09/30/1973
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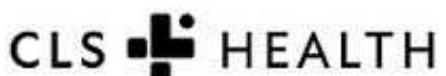
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/01/24	99215	OFFICE VISIT EST/LEVEL 5	25	434.00		-82.36	-326.64	25.00

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89.21



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BEATRIZ ALVAREZ
402 ELLAINE AVE APT 2
PASADENA, TX 77506-4542

(346)556-7617

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVBE001	1
Guarantor	Due Date	Payment Due
BEATRIZ	Upon Receipt	20.00

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Date of Last Payment: 11/21/2024	Amount of Last Payment: -10.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BEATRIZ ALVAREZ	ZEID F. KARADSHEH MD	ALVBE001	CLS HEALTH	07/28/1972

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
12/28/23	99203	OFFICE VIST NEW LEVEL 3		339.00	-5.00	-115.82		-223.18	-5.00
11/27/23	99999	NO SHOW		25.00		0.00			25.00

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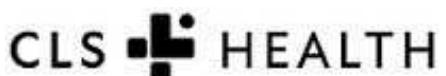
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20.00



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CESAR ALVAREZ MUNOZ
2727 NASA PKWY APT (Range 606)
SEABROOK, TX 77586-3241

(469)626-2924

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVCE000	1
Guarantor	Due Date	Payment Due
CESAR ALVAREZ	Upon Receipt	366.14

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Date of Last Payment:	5/23/2022	Amount of Last Payment:	0.00
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Patient: CESAR ALVAREZ MUNOZ	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ALVCE000	Place of Service: UTMB	Date of Birth: 03/03/1999
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
01/09/22	99220	Observation, Initial - High Severity		550.00		0.00	-366.64	183.36

Patient: CESAR ALVAREZ MUNOZ	Rendering Physician: NISARG PATEL MD	Chart Number: ALVCE000	Place of Service: UTMB	Date of Birth: 03/03/1999
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
01/10/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.34	73.66
01/11/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-214.88	109.12

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Amount Due

366.14



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CHARLENE M. ALVAREZ
1905 AVENUE O 1/2
GALVESTON, TX 77550-8052

(409)682-7738

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVCH000	1
Guarantor	Due Date	Payment Due
CHARLENE M.	Upon Receipt	1041.66

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Date of Last Payment: 7/11/2023			Amount of Last Payment: -55.78		
Patient: CHARLENE M. ALVAREZ	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ALVCH000	Place of Service: UTMB	Date of Birth: 01/23/1959	

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/19/23	99291	CRITICAL CARE 1ST HOUR		645.00		0.00	-424.72 220.28

Patient: CHARLENE M. ALVAREZ	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ALVCH000	Place of Service: UTMB	Date of Birth: 01/23/1959
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/20/23	99291	CRITICAL CARE 1ST HOUR		645.00		0.00	-424.72 220.28
02/20/23	99292	CRITICAL CARE, 30 MIN		324.00		0.00	-213.30 110.70

Patient: CHARLENE M. ALVAREZ	Rendering Physician: ALI EZZO MD	Chart Number: ALVCH000	Place of Service: UTMB	Date of Birth: 01/23/1959
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/22/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		0.00	-236.40 122.60
02/23/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		0.00	-236.40 122.60
02/24/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		0.00	-236.40 122.60
02/21/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		0.00	-236.40 122.60

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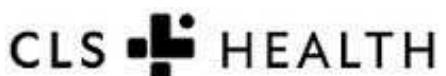
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DANIELLE B. ALVARADO
2114 SEALY ST
GALVESTON, TX 77550-2308

(409)939-5519

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVDA003	1
Guarantor	Due Date	Payment Due
DANIELLE B.	Upon Receipt	7.70

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DANIELLE B. ALVARADO		ALVDA003	CLEAR LAKE		03/25/1970
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITED
02/19/24	93010	Electrocardiogram report	24.00		0.00
					-16.30
					7.70

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DIRCK A. ALVAREZ
2582 REPSDORPH RD
SEABROOK, TX 77586-6129

(281)910-8293

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVDI000	1
Guarantor	Due Date	Payment Due
DIRCK A.	Upon Receipt	80.00

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Date of Last Payment: 10/5/2021	Amount of Last Payment: 0.00
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Patient: DIRCK A. ALVAREZ	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALVDI000	Place of Service: CLS HEALTH	Date of Birth: 05/16/1961
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge							
03/02/21	99205	OFFICE VIST NEW LEVEL 5	25	690.00	-50.00	-50.00	-168.35		-421.65	50.00	
03/02/21	J3301	Triamcinolone acet inj nos		32.00		-2.09	-8.36		-21.55	2.09	
09/02/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-50.00	-50.00	-128.46		-382.63	2.91	

Patient: DIRCK A. ALVAREZ	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALVDI000	Place of Service: CLS HEALTH	Date of Birth: 05/16/1961
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge							
03/02/22	99999	NO SHOW		25.00				0.00			25.00

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ESTHER ALVARADO DE RODRIGUE
3658 COUNTY ROAD 870A
ALVIN, TX 77511-0443

(832)375-9611

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVES000	1
Guarantor	Due Date	Payment Due
ESTHER	Upon Receipt	20.19

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Date of Last Payment: 10/23/2024

Amount of Last Payment: -108.92

Patient: ESTHER ALVARADO DE	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALVES000	Place of Service:	Date of Birth: 01/29/1946
---------------------------------------	--	----------------------------------	-------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Reminder
01/11/23	J3301	Triamcinolone acet inj nos		48.00		-13.30	-31.31	3.39
04/12/23	J3301	Triamcinolone acet inj nos		24.00		-7.04	-15.16	1.80
02/13/24	99999	NO SHOW		25.00		0.00		25.00

Patient: ESTHER ALVARADO DE	Rendering Physician: AHMED A. MORSY MD	Chart Number: ALVES000	Place of Service: CLS HEALTH	Date of Birth: 01/29/1946
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Reminder
04/18/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-30.00	-71.59	-180.41	-10.00

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281-694-5986

GENARO ALVISO ROJAS
3405 JACQUELYN DR
PEARLAND, TX 77581-4417

(832)845-6536

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVGE001	1
Guarantor	Due Date	Payment Due
GENARO ALVISO	Upon Receipt	8.63

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Date of Last Payment: 3/15/2024		Amount of Last Payment: -25.88		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GENARO ALVISO ROJAS	DAVID HAMER MD	ALVGE001	BAYSHORE	09/19/1964
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/09/24	93925	Lower extremity study	26	716.00
				Paid by BLUE
				Adjustments Remainder
				-681.49 8.63

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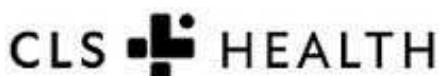
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HERMELINDA ALVAREZ
4305 GLENWOOD AVE APT 105
DEER PARK, TX 77536-5715

(281)842-2503

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVHE000	1
Guarantor	Due Date	Payment Due
HERMELINDA	Upon Receipt	25.00

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or scan the QR Code



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Webster, TX 77598

Date of Last Payment: 11/22/2021

Amount of Last Payment: 0.00

Patient: HERMELINDA ALVAREZ	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALVHE000	Place of Service: CLS HEALTH	Date of Birth: 07/27/1990
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/22/22	99999	NO SHOW		25.00	0.00		25.00

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281-694-5986

JUAN C. ALVAREZ MCRUBLE
2757 BRIARGROVE DR APT 411
HOUSTON, TX 77057-5209

(281)967-1640

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVJU002	1
Guarantor	Due Date	Payment Due
JUAN C.	Upon Receipt	87.66

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Date of Last Payment:	Amount of Last Payment:
	0.00

Patient: JUAN C. ALVAREZ	Rendering Physician: NISARG PATEL MD	Chart Number: ALVJU002	Place of Service: HARBOR	Date of Birth: 10/14/1948
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	MEDICARE		
05/23/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63		-145.76
05/25/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63		-145.76
05/26/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63		-145.76
05/27/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63		-145.76
05/28/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63		-145.76
05/29/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63		-145.76

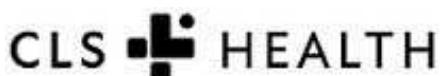
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281-694-5986

LAURA ALVAREZ
19100 GLENWEST DR APT 826
FRIENDSWOOD, TX 77546-7874

(281)387-6256

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVLA001	1
Guarantor	Due Date	Payment Due
LAURA ALVAREZ	Upon Receipt	146.14

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Date of Last Payment:	Amount of Last Payment:
Patient: LAURA ALVAREZ	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
06/30/22	99225	Subsequent observation care		218.00		0.00	-145.30	72.70
07/01/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-146.56	73.44

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Amount Due
146.14



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281-694-5986

LORI A. ALVAREZ
218 AVENUE H
ALVIN, TX 77511-5519

(346)349-2817

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVLO000	1
Guarantor	Due Date	Payment Due
LORI A. ALVAREZ	Upon Receipt	800.12

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	12/30/2021	Amount of Last Payment:	0.00
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Patient: LORI A. ALVAREZ	Rendering Physician: ALI EZZO MD	Chart Number: ALVLO000	Place of Service: UTMB	Date of Birth: 02/24/1974
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by		
				Charge	Patient Deductible	SEFPAY	Adjustments	Reminder
08/07/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.00	290.00
08/08/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00

Patient: LORI A. ALVAREZ	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALVLO000	Place of Service: UTMB	Date of Birth: 02/24/1974
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by		
				Charge	Patient Deductible	SEFPAY	Adjustments	Reminder
08/09/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/10/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/11/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/12/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-147.00	74.00
08/13/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-218.88	108.12

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LUCY E. ALVARADOESTRADA
PO BOX 230024
HOUSTON, TX 77223-0024

(832)387-1333

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVLU000	1
Guarantor	Due Date	Payment Due
LUCY E.	Upon Receipt	25.02

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Date of Last Payment:	5/20/2024	Amount of Last Payment:	-37.85
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Patient: LUCY E.	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ALVLU000	Place of Service: CLS HEALTH	Date of Birth: 08/28/1954
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/24/21	G8427	Docrecur meds by elig clin		0.01		0.00	0.01
02/24/21	G8482	Flu immunize order/admin		0.01		0.00	0.01
03/29/21	99999	NO SHOW		25.00		0.00	25.00

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MARIA G. ALVAREZ
13211 SCENIC GLADE DR
HOUSTON, TX 77059-2839

(281)546-2256

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA001	1
Guarantor	Due Date	Payment Due
MARIA G.	Upon Receipt	530.03

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Date of Last Payment:	5/22/2024	Amount of Last Payment:	-106.14
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA G. ALVAREZ	ABDELNASER ELKHALILI MD	ALVMA001	CLS HEALTH	11/09/1953

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/03/21	G8484	Flu immunize no admin		0.01		0.00		0.01
04/16/21	G8484	Flu immunize no admin		0.01		0.00		0.01
04/16/21	G8417	Calc bmi abv up param f/u		0.01		0.00		0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA G. ALVAREZ	MAAMOUN A. HARMOUCH	ALVMA001	CLS HEALTH	11/09/1953

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CASH	Adjustments	Reminder
09/01/23	99215	OFFICE VISIT EST/LEVEL 5		540.00		0.00		540.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA G. ALVAREZ	MAAMOUN A. HARMOUCH	ALVMA001	CLS HEALTH	11/09/1953

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments	Reminder
09/08/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-35.00	-68.05	-178.95	-10.00

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530.03



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281-694-5986

MARTIMIANO ALVARADO
2226 SENS RD
LA PORTE, TX 77571-9210

(903)851-0324

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA004	1
Guarantor	Due Date	Payment Due
MARTIMIANO	Upon Receipt	610.32

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Date of Last Payment:	Amount of Last Payment:
Patient: MARTIMIANO ALVARADO	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SEFPAY			
01/15/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-399.00	210.00	
01/16/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-206.82	108.18	
01/17/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-206.82	108.18	
01/18/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-206.82	108.18	
01/19/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-248.22	75.78	

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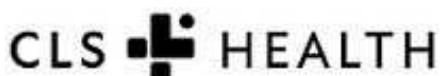
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Amount Due

610.32



PO BOX 58538
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281-694-5986

MARIA ALVAREZ
2913 DEWBERRY LN
PASADENA, TX 77502-5343

(281)716-0819

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA007	1
Guarantor	Due Date	Payment Due
MARIA ALVAREZ	Upon Receipt	25.00

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Date of Last Payment: 7/24/2024		Amount of Last Payment: -10.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MARIA ALVAREZ	REGINA PILLAI MD	ALVMA007	CLS HEALTH	02/18/1961			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
02/17/23	99999	NO SHOW	25.00		0.00		25.00

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MARIA G. ALVARADO LAMAS
318 WALTER ST
PASADENA, TX 77506-2047

(281)777-7291

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA010	1
Guarantor	Due Date	Payment Due
MARIA G.	Upon Receipt	1477.68

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Date of Last Payment: **5/7/2024**

Amount of Last Payment: **-63.35**

Patient: MARIA G. ALVARADO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALVMA010	Place of Service: CLEAR LAKE	Date of Birth: 08/11/1962
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
11/30/22	99222	HOSPITAL PRIMARY, INITIAL MOD		416.00		-108.60	-279.70	27.70
11/30/22	36832	Av fistula revision open	LT	2,285.0		-609.79	-1,519.65	155.56
11/30/22	36902	Intro cath dialysis circuit	LT	716.00		-96.44	-594.96	24.60
11/30/22	36558	Insert tunneled cv cath	RT	783.00		-101.54	-655.56	25.90

Patient: MARIA G. ALVARADO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALVMA010	Place of Service: CLS HEALTH	Date of Birth: 08/11/1962
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
01/24/23	99213	OFFICE VISIT EST/LEVEL 3	24	272.00		-72.95	-180.44	18.61
01/24/23	36589	Removal tunneled cv cath	79	503.00		-134.75	-333.88	34.37
08/25/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-30.00	-103.17	-410.51	-3.68

Patient: MARIA G. ALVARADO	Rendering Physician: BAHAEDDIN SHABANEH MD	Chart Number: ALVMA010	Place of Service: CLEAR LAKE	Date of Birth: 08/11/1962
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
10/27/23	99291	CRITICAL CARE 1ST HOUR		645.00		-172.81	-428.13	44.06
11/03/23	99291	CRITICAL CARE 1ST HOUR		645.00		-172.81	-428.13	44.06
11/04/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76	16.30
11/05/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76	16.30
11/06/23	99291	CRITICAL CARE 1ST HOUR		645.00		-172.81	-428.13	44.06
11/07/23	99291	CRITICAL CARE 1ST HOUR		645.00		-172.81	-428.13	44.06

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MARIA G. ALVARADO LAMAS
318 WALTER ST
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(281)777-7291

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA010	2
Guarantor	Due Date	Payment Due
MARIA G.	Upon Receipt	1477.68

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11/09/23	99232	SBSQ HOSP IP/OBS MODERATE 35	239.00	-63.94	-158.76	16.30
11/10/23	99291	CRITICAL CARE 1ST HOUR	645.00	-172.81	-428.13	44.06
11/13/23	99291	CRITICAL CARE 1ST HOUR	645.00	-172.81	-428.13	44.06
11/14/23	99291	CRITICAL CARE 1ST HOUR	25	645.00	-172.81	-428.13
11/14/23	92978	Endolumini ivus oct c 1st	26	300.00	-76.13	-204.46
11/14/23	92941	Prq card revasc mi 1 vsl	LC	1,985.0	-532.21	-1,317.12
11/14/23	33990	Insert vad artery access		1,087.0	-145.75	904.09
11/03/23	93308	Tte f-up or lmtd	26	297.00	-19.88	-272.05
11/08/23	99291	CRITICAL CARE 1ST HOUR	25	645.00	-172.81	-428.13
11/08/23	93460	R&I hrt art/ventricle angio	26	1,188.0	-299.47	-812.19
11/15/23	99291	CRITICAL CARE 1ST HOUR		645.00	-172.81	-428.13
11/16/23	99232	SBSQ HOSP IP/OBS MODERATE 35	239.00	-63.94	-158.76	16.30
11/17/23	99291	CRITICAL CARE 1ST HOUR		645.00	-172.81	-428.13
11/20/23	99291	CRITICAL CARE 1ST HOUR		645.00	-172.81	-428.13

Patient: MARIA G. ALVARADO	Rendering Physician: JOSE S. MONTELONGO DO	Chart Number: ALVMA010	Place of Service: CLEAR LAKE	Date of Birth: 08/11/1962
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
11/18/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-96.12	-238.36	24.52
11/19/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-96.12	-238.36	24.52

Patient: MARIA G. ALVARADO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ALVMA010	Place of Service: CLEAR LAKE	Date of Birth: 08/11/1962
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
11/09/23	99222	1ST HOSP IP/OBS MODERATE 55		393.00			-105.21	-260.95	26.84
11/14/23	35355	Rechanneling of artery	RT	3,104.0			-831.33	-2,060.59	212.08

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MARIA G. ALVARADO LAMAS
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Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA010	3
Guarantor	Due Date	Payment Due
MARIA G.	Upon Receipt	1477.68

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA G. ALVARADO	BAHAEDDIN SHABANEH MD	ALVMA010	CLS HEALTH	08/11/1962

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Applied to Patient Deductible		
11/30/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-34.73	-144.69	-358.43 2.15
11/30/23	93000	Electrocardiogram complete		44.00		-11.72	-29.29 2.99

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA G. ALVARADO	BAHAEDDIN SHABANEH MD	ALVMA010	CLEAR LAKE	08/11/1962

Dates	Procedure	Description	Paid By			Adjustments	Remainder
			Modifier	Charge	Applied to Patient Deductible		
04/01/24	99232	SBSQ HOSP IP/OBS MODERATE 35	25	237.00		-63.35	-157.58 16.07
04/01/24	93306	Tte w/doppler complete	26	585.00		-54.14	-517.13 13.73
04/02/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58 16.07
04/03/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58 16.07
04/04/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58 16.07

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1,477.68



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MARICELA ALVAREZ
810 BRIARWAY ST
PASADENA, TX 77503-2004

(832)455-9556

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA016	1
Guarantor	Due Date	Payment Due
MARICELA	Upon Receipt	13.79

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Date of Last Payment: 11/8/2023		Amount of Last Payment: -198.93					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MARICELA ALVAREZ	ROBERT A. DARLING MD	ALVMA016	CLS HEALTH	09/27/1963			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder	
10/24/23	69210	Remove impacted ear wax uni	RT	145.00	-32.16	-99.05	13.79

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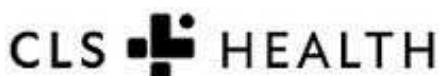
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13.79



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281-694-5986

MARY ANN ALVARADO
108 N VIRGINIA ST
PORT LAVACA, TX 77979-3429

(361)433-8242

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA019	1
Guarantor	Due Date	Payment Due
MARY ANN	Upon Receipt	175.00

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Date of Last Payment:	Amount of Last Payment:
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Patient: MARY ANN ALVARADO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALVMA019	Place of Service: CLS HEALTH	Date of Birth: 07/12/1966
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
01/05/24	99991	NO SHOW		150.00		0.00		150.00

Patient: MARY ANN ALVARADO	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ALVMA019	Place of Service: CLS HEALTH	Date of Birth: 07/12/1966
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
02/16/24	99999	NO SHOW		25.00		0.00		25.00

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MARIA G. ALVARADO LAMAS
318 WALTER ST
PASADENA, TX 77506-2047

(281)777-7291

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVMA023	1
Guarantor	Due Date	Payment Due
MARIA G.	Upon Receipt	51.35

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Date of Last Payment: **5/3/2024**

Amount of Last Payment: **-202.47**

Patient: MARIA G. ALVARADO	Rendering Physician: MOLHAM ALDEIRI MD	Chart Number: ALVMA023	Place of Service: CLEAR LAKE	Date of Birth: 08/11/1962
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/30/24	99223	1ST HOSP IP/OBS HIGH 75		521.00		-139.12	-346.60
03/31/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58

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MERCEDES G. ALVARADO
5601 LONGSHADOW DR
DICKINSON, TX 77539-6748

(281)299-9113

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVME001	1
Guarantor	Due Date	Payment Due
MERCEDES G.	Upon Receipt	29.14

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Date of Last Payment:	11/6/2024	Amount of Last Payment:	-25.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MERCEDES G. ALVARADO	GHYATH SAMMAN MD	ALVME001	CLS HEALTH	02/08/1953

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/05/24	93000	Electrocardiogram complete		43.00		0.00	-28.55
11/06/24	93000	Electrocardiogram complete		43.00		0.00	-28.31

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MERCEDES G. ALVARADO	MICHAEL A. MONMOUTH MD	ALVME001	CLS HEALTH	02/08/1953

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/19/24	73030	X-ray exam of shoulder		104.00	-40.00	-13.04	-75.96
06/19/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00		-143.86	-338.14

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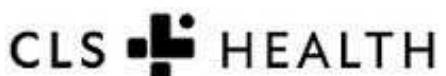
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29.14



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OSCAR A. ALVARADO
6623 HERON DR
HOUSTON, TX 77087-6531

(832)519-4816

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVOS000	1
Guarantor	Due Date	Payment Due
OSCAR A.	Upon Receipt	164.24

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Date of Last Payment:	7/24/2023	Amount of Last Payment:	-320.10
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Patient: OSCAR A. ALVARADO	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ALVOS000	Place of Service: CLS HEALTH	Date of Birth: 03/02/1980
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	BLUE		
06/15/23	46600	Diagnostic anoscopy spx		365.00		-63.14	-274.80	27.06

Patient: OSCAR A. ALVARADO	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ALVOS000	Place of Service: HOUSTON	Date of Birth: 03/02/1980
--------------------------------------	--	----------------------------------	-------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	BLUE		
06/21/23	46260	Remove in/ex hem groups 2+		1,482.0		-320.10	-1,024.72	137.18

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RANDY ALVARADO
4310 ARAPAJO ST
PASADENA, TX 77504-3404

(713)315-7355

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVRA000	1
Guarantor	Due Date	Payment Due
RANDY	Upon Receipt	31.57

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Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
RANDY ALVARADO		REMY TEQWIMUAH MD	ALVRA000	UTMB	06/17/1965
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITED
03/07/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00 -31.57	-126.28 -458.15 31.57

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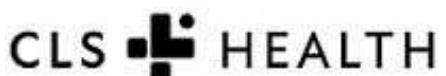
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31.57



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REINER ALVAREZ MARICHAL
9430 CONCOURSE DR APT 1417
HOUSTON, TX 77036-7623

(832)785-4779

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVRE001	1
Guarantor	Due Date	Payment Due
REINER	Upon Receipt	33.43

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Date of Last Payment:	9/9/2022	Amount of Last Payment:	-300.95
Patient: REINER ALVAREZ	Rendering Physician: NISARG PATEL MD	Chart Number: ALVRE001	Place of Service: HCA

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Reminder
08/21/22	99223	INITIAL HOSPITAL/HIGH		609.00		-196.25	-390.95	21.80
08/22/22	99239	HOSPITAL DISCHARGE, LONG		324.00		-104.70	-207.67	11.63

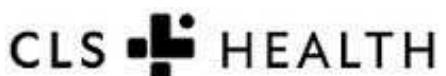
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33.43



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RENE M. ALVARADO
5601 LONGSHADOW DR
DICKINSON, TX 77539-6748

(281)299-9113

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVRE002	1
Guarantor	Due Date	Payment Due
RENE M.	Upon Receipt	29.69

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Date of Last Payment:	11/6/2024	Amount of Last Payment:	-25.00
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Patient: RENE M. ALVARADO	Rendering Physician: GHYATH SAMMAN MD	Chart Number: ALVRE002	Place of Service: CLS HEALTH	Date of Birth: 08/10/1951
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELLMED	Adjustments	Remainder
04/15/24	93000	Electrocardiogram complete		43.00		0.00	-28.31	14.69

Patient: RENE M. ALVARADO	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ALVRE002	Place of Service: CLS HEALTH	Date of Birth: 08/10/1951
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELLMED	Adjustments	Remainder
05/03/24	73565	X-ray exam of knees	Q6	119.00		-17.31	-86.69	15.00

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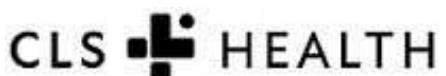
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Amount Due

29.69



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ROGER ALVAREZ
415 STOCKBRIDGE LN
DICKINSON, TX 77539-6348

(989)274-7806

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVRO004	1
Guarantor	Due Date	Payment Due
ROGER ALVAREZ	Upon Receipt	25.00

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Date of Last Payment: 4/12/2024		Amount of Last Payment: -113.36		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROGER ALVAREZ	ZEID F. KARADSHEH MD	ALVRO004	CLS HEALTH	01/04/1985
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
10/17/23	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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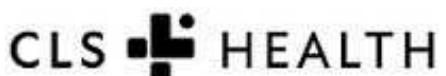
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Amount Due

25.00



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SHIRLEY ALVARADO
3530 W 12TH ST APT 6303
HOUSTON, TX 77008-3299

(832)732-0187

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVSH000	1
Guarantor	Due Date	Payment Due
SHIRLEY	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SHIRLEY ALVARADO	ZEID F. KARADSHEH MD	ALVSH000	CLS HEALTH	06/05/1971			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
08/01/23	99999	NO SHOW	25.00		0.00		25.00

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SIMONA U. ALVARADO
403 RIVERSIDE DR
ALVIN, TX 77511-5234

(713)416-9437

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVSI000	1
Guarantor	Due Date	Payment Due
SIMONA U.	Upon Receipt	75.00

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Date of Last Payment: 10/28/2022

Amount of Last Payment: -106.54

Patient: SIMONA U. ALVARADO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALVSI000	Place of Service: CLS HEALTH	Date of Birth: 12/09/1959
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by HUMANA	Adjustments	Remainder
08/16/21	99999	NO SHOW		25.00		0.00		25.00

Patient: SIMONA U. ALVARADO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ALVSI000	Place of Service: CLS HEALTH	Date of Birth: 12/09/1959
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by HUMANA	Adjustments	Remainder
08/16/21	99999	NO SHOW		25.00		0.00		25.00
12/10/21	99999	NO SHOW		25.00		0.00		25.00

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SOPHIA I. ALVARADO
5620 CHISHOLM TRL
DICKINSON, TX 77539-5956

(281)685-6626

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVSO000	1
Guarantor	Due Date	Payment Due
SOPHIA I.	Upon Receipt	38.39

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Date of Last Payment: 10/10/2024

Amount of Last Payment: -125.18

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SOPHIA I. ALVARADO	MAHMOOD DWEIK MD	ALVSO000	CLS HEALTH	05/13/2009

Dates	Procedure	Description	Paid By		Paid by AETNA	Adjustments		Remainder
			Modifier	Charge				
08/06/23	94660	Pos airway pressure cpap		191.00		-33.04		-132.96 25.00
09/09/24	94660	Pos airway pressure cpap		194.00		-33.04		-135.96 25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SOPHIA I. ALVARADO	MAHMOOD DWEIK MD	ALVSO000	CLS HEALTH	05/13/2009

Dates	Procedure	Description	Paid By		Paid by AETNA	Adjustments		Remainder
			Modifier	Charge				
06/28/22	95810	Polysom 6/> yrs 4/> param	26	371.00	-21.84	-92.11		-268.66 -11.61

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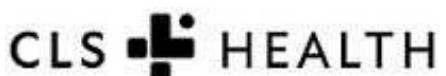
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Amount Due

38.39



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281-694-5986

WALENE G. ALVARES
2807 RANDOLPH RD
PASADENA, TX 77503-4245

(832)941-6233

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVWA000	1
Guarantor	Due Date	Payment Due
WALENE G.	Upon Receipt	264.72

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Date of Last Payment:	6/23/2023	Amount of Last Payment:	-23.35
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Patient: WALENE G. ALVARES	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALVWA000	Place of Service: CLS HEALTH	Date of Birth: 04/09/1977
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BRIGHT		
11/26/22	95810	Polysom 6/> yrs 4/> param		1,918.0	-30.00	-418.75	-1,220.09	249.16

Patient: WALENE G. ALVARES	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALVWA000	Place of Service: CLS HEALTH	Date of Birth: 04/09/1977
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/30/23	99457	Rem physiol mntr 1st 20 min		150.00		-23.35	-111.09	15.56

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264.72

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KAYLEA A. ALWARD
4702 ALLEN GENOA RD
PASADENA, TX 77504-3710

(713)380-8427

Statement Date	Invoice Number	Page
02/10/2025	CLS ALWKA000	1
Guarantor	Due Date	Payment Due
KAYLEA A.	Upon Receipt	80.97

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Date of Last Payment:	10/31/2024	Amount of Last Payment:	-1,739.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KAYLEA A. ALWARD	ABDELNASER ELKHALILI MD	ALWKA000	CLS HEALTH	07/17/1968

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	AETNA		
01/24/23	72100	X-rayexam I-s spine 2/3 ws		121.00	-41.46	0.00		-88.57	-9.03

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KAYLEA A. ALWARD	ABDELNASER ELKHALILI MD	ALWKA000	CLS HEALTH	07/17/1968

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	AETNA		
08/28/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-61.56		-278.44	45.00
03/11/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-61.56		-280.44	45.00

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KHADIJA M. ALWANI
913 WALNUT POINTE DR
LEAGUE CITY, TX 77573-0889

(281)332-2455

Statement Date	Invoice Number	Page
02/10/2025	CLS ALWKH000	1
Guarantor	Due Date	Payment Due
KHADIJA M.	Upon Receipt	292.17

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Date of Last Payment:	Amount of Last Payment:
Patient: KHADIJA M. ALWANI	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/22/21	99220	Observation, Initial - High Severity		559.00		0.00	-372.69
04/23/21	99226	Subsequent observation care		318.00		0.00	-212.14

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NADIA ALWANI
3850 FM 518 RD E APT 103
LEAGUE CITY, TX 77573-0751

(832)533-5814

Statement Date	Invoice Number	Page
02/10/2025	CLS ALWNA000	1
Guarantor	Due Date	Payment Due
NADIA ALWANI	Upon Receipt	30.00

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Date of Last Payment: 12/18/2024

Amount of Last Payment: -29.62

Patient: NADIA ALWANI	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ALWNA000	Place of Service: BAY AREA	Date of Birth: 06/30/1959
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Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
05/26/23	45378	Diagnostic colonoscopy		554.00	-100.00	-94.67		-364.66	-5.33
05/26/23	43239	Egd biopsy single/multiple		415.00	-0.10	-35.42		-344.15	35.33

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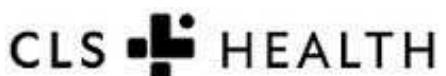
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30.00



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SAMAHER ALWAN
229 MAGNOLIA WAY
LEAGUE CITY, TX 77573-4640

(832)729-2246

Statement Date	Invoice Number	Page
02/10/2025	CLS ALWSA000	1
Guarantor	Due Date	Payment Due
SAMAHER	Upon Receipt	29.84

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Date of Last Payment:	8/6/2021	Amount of Last Payment:	-213.24
Patient: SAMAHER ALWAN	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ALWSA000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
08/06/21	99245	OFFICE CONSULTATION/LEVEL 5	25	497.00	-213.24	-201.72	0.00		-295.28	-11.52
08/06/21	96372	Ther/proph/diag inj sc/im		88.00		-29.64	0.00		-58.36	29.64
08/06/21	J3301	Triamcinolone acet inj nos		32.00		-10.32	0.00		-21.68	10.32
08/06/21	J1885	Ketorolac tromethamine inj		4.00		-1.40	0.00		-2.60	1.40

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HAYDAR H. ALYASSERY
1370 AFTON ST
HOUSTON, TX 77055-7034

(832)808-2366

Statement Date	Invoice Number	Page
02/10/2025	CLS ALYHA000	1
Guarantor	Due Date	Payment Due
HAYDAR H.	Upon Receipt	247.88

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Date of Last Payment:	2/13/2024	Amount of Last Payment:	0.00
Patient: HAYDAR H. ALYASSERY	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: ALYHA000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
01/12/24	51728	Cystometrogram w/vp	52	1,086.0	-158.34	0.00		-927.66	158.34
01/12/24	51741	Electro-uroflowmetry first		44.00	-13.60	0.00		-30.40	13.60
01/12/24	51784	Anal/urinary muscle study		194.00	-64.00	0.00		-130.00	64.00
01/12/24	51798	Us urine capacity measure		34.00	-11.94	0.00		-22.06	11.94

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ZIAD R. ALY
509 N 7TH ST
LA PORTE, TX 77571-3338

(346)431-6011

Statement Date	Invoice Number	Page
02/10/2025	CLS ALYZI000	1
Guarantor	Due Date	Payment Due
ZIAD R. ALY	Upon Receipt	33.67

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Date of Last Payment: 12/23/2024				Amount of Last Payment: -39.24		
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ZIAD R. ALY		MAHMOOD DWEIK MD	ALYZI000	CLS HEALTH	01/06/1977	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments Remainder
02/24/22	99999	NO SHOW	25.00		0.00	25.00
Patient:				Place of Service:	Date of Birth:	
ZIAD R. ALY		Rendering Physician: AHMED A. MORSY MD	Chart Number: ALYZI000	Place of Service: CLS HEALTH	01/06/1977	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
10/11/23	99204	OFFICE VIST NEW LEVEL 4	503.00		-88.19	-377.02 37.79
Patient:				Place of Service:	Date of Birth:	
ZIAD R. ALY		Rendering Physician: AHMED A. MORSY MD	Chart Number: ALYZI000	Place of Service: CLS HEALTH	01/06/1977	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
10/12/23	72100	X-rayexam l-s spine 2/3 ws	121.00	-46.02	-23.90	-91.12 -40.04
10/12/23	73130	X-rayexam of hand	LT 112.00		-21.82	-84.73 5.45
10/12/23	73130	X-rayexam of hand	RT 112.00		-21.82	-84.73 5.45
10/12/23	72202	X-rayexam si joints 3/>> ws	119.00		-28.41	-90.57 0.02

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Amount Due

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APRIL M. ALZUGARAY
111 1/2 SMITH LN
LEAGUE CITY, TX 77573-4225

(832)490-9216

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZAP000	1
Guarantor	Due Date	Payment Due
APRIL M.	Upon Receipt	60.00

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Date of Last Payment: 9/13/2021		Amount of Last Payment: -60.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
APRIL M. ALZUGARAY		ABDELNASER ELKHALILI MD	ALZAP000	CLS HEALTH	07/12/1975
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by ALL
05/27/21	99205	OFFICE VIST NEW LEVEL 5	690.00	-60.00	-99.95
					Adjustments Remainder
					-530.05 60.00

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KHALID ALZWAHEREH
1 SIGNATURE POINT DR APT 402
LEAGUE CITY, TX 77573-6510

(310)666-6972

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZKH000	1
Guarantor	Due Date	Payment Due
KHALID	Upon Receipt	264.11

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Date of Last Payment: 12/11/2024			Amount of Last Payment: -563.88		
Patient: KHALID ALZWAHEREH	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALZKH000	Place of Service: CLS HEALTH	Date of Birth: 11/11/1969	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CORE	Adjustments	Reminder
09/28/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00		-52.42	-205.58	25.00
09/28/22	J3301	Triamcinolone acet inj nos		3.00		-1.11	-1.77	0.12
09/28/22	11900	Inject skin lesions </w 7		179.00		-56.38	-116.36	6.26

Patient: KHALID ALZWAHEREH	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ALZKH000	Place of Service: CLS HEALTH	Date of Birth: 11/11/1969
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
06/26/23	99215	OFFICE VISIT EST/LEVEL 5		540.00		-199.75	-300.25	40.00

Patient: KHALID ALZWAHEREH	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ALZKH000	Place of Service: CLS HEALTH	Date of Birth: 11/11/1969
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
03/25/24	99213	OFFICE VISIT EST/LEVEL 3	25	274.00		-78.90	-155.10	40.00
03/25/24	12051	Intmd rpr face/mm 2.5 cm/<		855.00		-296.51	-484.36	74.13
03/25/24	11441	Exc face-mm b9+marg 0.6-1 cm		528.00		-49.75	-465.81	12.44

Patient: KHALID ALZWAHEREH	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALZKH000	Place of Service: CLS HEALTH	Date of Birth: 11/11/1969
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
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KHALID ALZWAHEREH
1 SIGNATURE POINT DR APT 402
LEAGUE CITY, TX 77573-6510

(310)666-6972

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZKH000	2
Guarantor	Due Date	Payment Due
KHALID	Upon Receipt	264.11

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04/01/24	52000	Cystoscopy	718.00	-252.90	-401.87	63.23
04/01/24	81003	Urinalysis auto w/o scope	QW	7.00	0.00	-4.07

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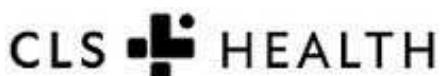
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Amount Due

264.11



PO BOX 58538
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RENE ALZATE
5503 BERRY CREEK DR
HOUSTON, TX 77017-6703

(832)718-6435

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZRE000	1
Guarantor	Due Date	Payment Due
RENE ALZATE	Upon Receipt	260.36

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Date of Last Payment: 12/30/2021

Amount of Last Payment: 0.00

Patient: RENE ALZATE	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALZRE000	Place of Service: UTMB	Date of Birth: 04/10/1972
--------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
06/28/21	99217	OBSERVATION DISCHARGE		222.00		0.00	-147.95	74.05

Patient: RENE ALZATE	Rendering Physician: ALI EZZO MD	Chart Number: ALZRE000	Place of Service: UTMB	Date of Birth: 04/10/1972
--------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
06/27/21	99220	Observation, Initial - High Severity		559.00		0.00	-372.69	186.31

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TALEEN ALZWAHEREH
4510 BROOKSTONE LN
LEAGUE CITY, TX 77573-3591

(310)666-9646

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZTA000	1
Guarantor	Due Date	Payment Due
TALEEN	Upon Receipt	400.14

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Date of Last Payment: 4/1/2021

Amount of Last Payment: 0.00

Patient: TALEEN ALZWAHEREH	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ALZTA000	Place of Service: CLS HEALTH	Date of Birth: 09/17/1997
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Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder	
			Modifier	Charge						
03/18/21	97032	Electrical stimulation	GP	46.00	-25.00	-11.39	0.00		-34.61	-13.61
03/18/21	97110	Therapeutic exercises	GP	94.00	-25.00	-23.59	0.00		-70.41	-1.41
03/18/21	97140	Manual therapy 1/> regions	GP	86.00	-25.00	-21.42	0.00		-64.58	-3.58
03/18/21	97530	Therapeutic activities	GP	122.00	-25.00	-30.65	0.00		-91.35	5.65
03/18/21	97162	Pt eval mod complex 30 min	GP	314.00	-40.00	-65.09	0.00		-248.91	25.09
03/25/21	99999	NO SHOW		25.00			0.00			25.00
03/26/21	99999	NO SHOW		25.00			0.00			25.00

Patient: TALEEN ALZWAHEREH	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ALZTA000	Place of Service: CLS HEALTH	Date of Birth: 09/17/1997
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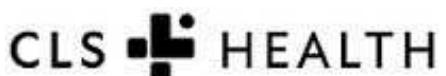
Dates	Procedure	Description	Paid By		Patient Deductible	Paid by CASH	Adjustments		Remainder
			Modifier	Charge					
02/28/24	99203	OFFICE VIST NEW LEVEL 3		338.00		0.00			338.00

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ALFREDO C. AMAYA
42 W PRAIRIE DAWN CIR
CONROE, TX 77385-3586

(832)294-7526

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAAL001	1
Guarantor	Due Date	Payment Due
ALFREDO C.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALFREDO C. AMAYA	GREGORY VIDOVIC DPM	AMAAL001	CLS HEALTH	11/07/1955
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
02/06/24	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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ANGELA E. AMADOR
1111 QUEENS RD APT 77
PASADENA, TX 77502-4380

(713)597-9968

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAAN000	1
Guarantor	Due Date	Payment Due
ANGELA E.	Upon Receipt	178.08

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Date of Last Payment:	3/27/2023	Amount of Last Payment:	-109.88
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA E. AMADOR	MAHESWARY	AMAAN000	CLEAR LAKE	12/15/1940

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
08/15/22	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00		-82.31	-211.69	21.00
08/16/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/17/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/18/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/19/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/22/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA E. AMADOR	MAHESWARY	AMAAN000	CLEAR LAKE	12/15/1940

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
07/18/22	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00		-82.31	-211.69	21.00
07/19/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
07/20/22	99239	HOSPITAL DISCHARGE, LONG	GW	324.00		-84.61	-217.81	21.58

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA E. AMADOR	ZEID F. KARADSHEH MD	AMAAN000	CLEAR LAKE	12/15/1940

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
01/06/23	99222	HOSPITAL PRIMARY, INITIAL MOD	GW	393.00		-105.21	-260.95	26.84

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BETZABETH AMARO
7121 BROWNSVILLE ST
HOUSTON, TX 77020-5221

(832)441-2453

Statement Date	Invoice Number	Page
02/10/2025	CLS AMABE000	1
Guarantor	Due Date	Payment Due
BETZABETH	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BETZABETH AMARO	ABDELNASER ELKHALILI MD	AMABE000	CLS HEALTH	11/02/2000
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/23/23	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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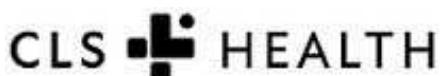
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GENARO AMAYA
1512 HICKORY BEND CT
PEARLAND, TX 77581-1626

(832)499-7226

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAGE000	1
Guarantor	Due Date	Payment Due
GENARO AMAYA	Upon Receipt	14.04

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Date of Last Payment:	8/21/2023		Amount of Last Payment:	-14.04
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GENARO AMAYA	MOHAMED A. KHALIL MD	AMAGE000	CLS HEALTH	09/19/1946

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
05/17/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-26.25	-41.53	-225.47	-21.25
05/17/23	64400	Njx aa&strd trigeminal nrn	LT	342.00		-81.72	-225.25	35.03
05/17/23	J1100	Dexamethasone sodium phos	59	4.00		-0.26	-3.48	0.26

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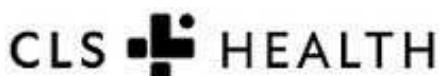
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14.04



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ISABELL C. AMARO
707 BONANZA RD
HOUSTON, TX 77062-5601

(708)307-4989

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAIS000	1
Guarantor	Due Date	Payment Due
ISABELL C.	Upon Receipt	295.31

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Date of Last Payment: 11/12/2024

Amount of Last Payment: -175.62

Patient: ISABELL C. AMARO	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AMAIIS000	Place of Service: CLS HEALTH	Date of Birth: 02/14/1967
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MOLINA	Adjustments	Reminder
02/08/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-10.00	-94.83	-469.17	-10.00
10/21/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-10.00	-94.83	-469.17	-10.00

Patient: ISABELL C. AMARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AMAIIS000	Place of Service: CLS HEALTH	Date of Birth: 02/14/1967
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MOLINA	Adjustments	Reminder
01/04/21	99999	NO SHOW		25.00		0.00		25.00
04/05/21	99999	NO SHOW		25.00		0.00		25.00
05/25/21	99999	NO SHOW		25.00		0.00		25.00
07/12/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-10.00	-129.57	-269.43	-5.00
08/05/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-10.00	-129.57	-269.43	-5.00

Patient: ISABELL C. AMARO	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AMAIIS000	Place of Service: CLS HEALTH	Date of Birth: 02/14/1967
-------------------------------------	---	-----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MOLINA	Adjustments	Reminder
07/12/21	G0481	Drug test def 8-14 classes		470.00		-136.00	-329.00	5.00
08/05/21	G0481	Drug test def 8-14 classes		470.00		-136.00	-329.00	5.00

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ISABELL C. AMARO
707 BONANZA RD
HOUSTON, TX 77062-5601

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Statement Date	Invoice Number	Page
02/10/2025	CLS AMAIS000	2
Guarantor	Due Date	Payment Due
ISABELL C.	Upon Receipt	295.31

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ISABELL C. AMARO	AMANDA G. JOHNSON NP	AMAIS000	CLS HEALTH	02/14/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
07/21/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-10.00	-159.67	-404.33	-10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ISABELL C. AMARO	MOUSTAFA M. AHMED MD	AMAIS000	CLS HEALTH	02/14/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
07/01/22	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ISABELL C. AMARO	MOUSTAFA M. AHMED MD	AMAIS000	Pain	02/14/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
10/11/22	G0483	Drug test def 22+ classes		741.00		-182.19	-555.81	3.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ISABELL C. AMARO	ZULFIQAR CHEEMA MD	AMAIS000	CLS HEALTH	02/14/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by	Adjustments	Remainder
07/17/23	93925	Lower extremity study		727.00	-62.13	-158.45	-515.73	-9.31

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ISABELL C. AMARO
707 BONANZA RD
HOUSTON, TX 77062-5601

(708)307-4989

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAIS000	3
Guarantor	Due Date	Payment Due
ISABELL C.	Upon Receipt	295.31

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Patient: ISABELL C. AMARO	Rendering Physician: CHAD C. CLAUSE DPM	Chart Number: AMAIS000	Place of Service: CLS HEALTH	Date of Birth: 02/14/1967
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/16/24	87801	Detect agnt mult dna ampli		633.00		-81.08	-517.17	34.75
04/16/24	87500	Vancomycin dna amp probe		105.00		-13.51	-85.70	5.79
04/16/24	87798	Detect agent nos dna amp	59	1,365.0		-175.62	-1,114.11	75.27
06/11/24	87801	Detect agnt mult dna ampli		633.00		-81.08	-517.17	34.75
06/11/24	87798	Detect agent nos dna amp	59	1,365.0		-175.62	-1,114.11	75.27
06/11/24	87500	Vancomycin dna amp probe		105.00		-13.51	-85.70	5.79

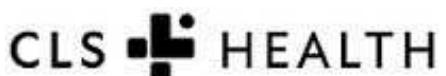
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JESSE F. AMARO
9530 FUQUA ST
HOUSTON, TX 77075-3909

(713)428-1329

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAJE000	1
Guarantor	Due Date	Payment Due
JESSE F. AMARO	Upon Receipt	825.40

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Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JESSE F. AMARO		ZULFIQAR CHEEMA MD	AMAJE000	CLEAR LAKE	09/03/1979	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
02/08/23	99254	HOSPITAL CONSULT, LEVEL 4	377.00		0.00	-251.00 126.00
Patient:				Place of Service:	Date of Birth:	
JESSE F. AMARO		Rendering Physician: JOSE S. MONTELONGO DO	Chart Number: AMAJE000	Place of Service: CLEAR LAKE	09/03/1979	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
01/31/24	76937	Us guide vascular access	26	45.00	0.00	-4.11 40.89
01/31/24	36558	Insert tunneled cv cath		782.00	0.00	-514.49 267.51
01/29/24	99254	HOSPITAL CONSULT, LEVEL 4		377.00	0.00	-242.80 134.20
Patient:				Place of Service:	Date of Birth:	
JESSE F. AMARO		Rendering Physician: JOSE S. MONTELONGO DO	Chart Number: AMAJE000	Place of Service: CLEAR LAKE	09/03/1979	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
02/14/24	99254	HOSPITAL CONSULT, LEVEL 4		377.00	0.00	-242.80 134.20
02/15/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00	0.00	-234.40 122.60

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JOSE AMARO
14702 SUSIE LN
ALVIN, TX 77511-7306

(832)450-8882

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAJO003	1
Guarantor	Due Date	Payment Due
JOSE AMARO	Upon Receipt	173.24

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Date of Last Payment:	1/17/2024	Amount of Last Payment:	-129.42
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Patient: JOSE AMARO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AMAJO003	Place of Service: CLS HEALTH	Date of Birth: 02/05/1964
-------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Ambetter	Adjustments		Remainder
			Modifier	Charge					
09/21/23	81003	Urinalysis auto w/o scope	Q6	7.00		0.00		-5.87	1.13
10/13/23	55700	Biopsy of prostate	Q6	732.00		-309.04		-339.76	83.20
10/13/23	76872	Us transrectal	Q6	422.00		-216.28		-147.49	58.23
06/13/24	99992	NO SHOW		50.00		0.00			50.00

Patient: JOSE AMARO	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: AMAJO003	Place of Service: CLS HEALTH	Date of Birth: 02/05/1964
-------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Ambetter	Adjustments		Remainder
			Modifier	Charge					
11/07/23	74178	Ct abd & pelv 1/> regns		1,077.0	-128.82	-203.35		-764.15	-19.32

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MARIA AMARO
2003 S FISHER CT
PASADENA, TX 77502-5544

(713)927-4641

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAMA001	1
Guarantor	Due Date	Payment Due
MARIA AMARO	Upon Receipt	97.95

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Date of Last Payment:	4/25/2024	Amount of Last Payment:	-23.54
Patient: MARIA AMARO	Rendering Physician: AHMED A. MORSY MD	Chart Number: AMAMA001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
09/28/22	73630	X-ray exam of foot		220.00	-75.35	0.00	-135.80	8.85
09/28/22	73130	X-ray exam of hand		232.00		0.00	-142.90	89.10

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MARIA E. AMADOR
(EVEN Range 500 - 598) SHAWNEE
HOUSTON, TX 77034-1333

(832)406-1670

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAMA004	1
Guarantor	Due Date	Payment Due
MARIA E.	Upon Receipt	45.62

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Date of Last Payment: 12/12/2023

Amount of Last Payment: -121.60

Patient: MARIA E. AMADOR	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AMAMA004	Place of Service: CLS HEALTH	Date of Birth: 06/18/1960
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
10/23/23	20610	Drain/inj joint/bursa w/o us	LT	197.00		-47.88	-133.16	15.96
10/23/23	J3301	Triamcinolone acet inj nos		24.00		0.00	-14.72	9.28

Patient: MARIA E. AMADOR	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AMAMA004	Place of Service: CLS HEALTH	Date of Birth: 06/18/1960
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
10/23/23	73502	X-ray exam hip uni 2-3 views		143.00		-29.21	-104.05	9.74
10/23/23	72110	X-ray exam l-2 spine 4/> w/s		156.00		-31.90	-113.46	10.64

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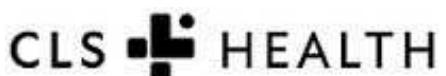
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MISTY AMAYA
123 SEASIDE LN
TEXAS CITY, TX 77590-6146

(832)677-4655

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAMI000	1
Guarantor	Due Date	Payment Due
MISTY AMAYA	Upon Receipt	217.72

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Date of Last Payment: 11/13/2023

Amount of Last Payment: -88.77

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
MISTY AMAYA	JIHAD M. HARMOUCHE MD	AMAMI000	CLS HEALTH	12/25/1982			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
05/13/23	58558	HYSTEROSCOPY BIOPSY	4,093.0	-40.00	-1,030.88	-2,804.40	217.72

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RALPH AMARO
6323 IRON ROCK ST
HOUSTON, TX 77087-3333

(832)933-0448

Statement Date	Invoice Number	Page
02/10/2025	CLS AMARA000	1
Guarantor	Due Date	Payment Due
RALPH AMARO	Upon Receipt	125.21

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Date of Last Payment:	8/18/2022	Amount of Last Payment:	-85.48
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Patient: RALPH AMARO	Rendering Physician: JIRIES S. DAHU MD	Chart Number: AMARA000	Place of Service: MEMORIAL	Date of Birth: 10/28/1967
--------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
05/28/22	99223	INITIAL HOSPITAL/HIGH	AI	609.00		-160.89	-407.48	40.63
05/29/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-83.15	-210.85	21.00
05/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-83.15	-210.85	21.00
05/31/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-83.15	-210.85	21.00
06/01/22	99239	HOSPITAL DISCHARGE, LONG		324.00		-85.48	-216.94	21.58

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RENE D. AMARO
707 BONANZA RD
HOUSTON, TX 77062-5601

(708)400-6304

Statement Date	Invoice Number	Page
02/10/2025	CLS AMARE000	1
Guarantor	Due Date	Payment Due
RENE D. AMARO	Upon Receipt	187.59

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Date of Last Payment:	7/17/2024	Amount of Last Payment:	-112.01
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RENE D. AMARO	MAHMOOD DWEIK MD	AMARE000	CLEAR LAKE	07/13/1961

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
01/14/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00
01/15/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00
01/18/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00
01/19/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00
01/20/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00
01/21/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RENE D. AMARO	MAHESWARY	AMARE000	CLEAR LAKE	07/13/1961

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
01/02/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-95.86	-212.14	10.00
01/03/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-63.66	-147.34	10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RENE D. AMARO	MOUSTAFA M. AHMED MD	AMARE000	CLS HEALTH	07/13/1961

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
07/12/21	99999	NO SHOW		25.00		0.00		25.00
10/07/21	62321	Njx interlaminar crv/thrc		855.00	-10.00	-285.15	-569.85	-10.00
11/08/21	99999	NO SHOW		25.00		0.00		25.00
12/06/21	99999	NO SHOW		25.00		0.00		25.00

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RENE D. AMARO
707 BONANZA RD
HOUSTON, TX 77062-5601

(708)400-6304

Statement Date	Invoice Number	Page
02/10/2025	CLS AMARE000	2
Guarantor	Due Date	Payment Due
RENE D. AMARO	Upon Receipt	187.59

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Patient: RENE D. AMARO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: AMARE000	Place of Service: CLS HEALTH	Date of Birth: 07/13/1961
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Dates	Procedure	Description	Paid By		Applied to Patient Deductible	Paid by BRIGHT	Adjustments		Remainder
			Modifier	Charge			Adjustments	Remainder	
03/02/22	93925	Lower extremity study		778.00		-256.60		-492.89	28.51
09/06/22	93925	Lower extremity study		778.00	-25.92	-282.62		-495.38	-25.92

Patient: RENE D. AMARO	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AMARE000	Place of Service: CLS HEALTH	Date of Birth: 07/13/1961
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Applied to Patient Deductible	Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge			Adjustments	Remainder	
04/24/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-10.00	-184.42		-318.58	-10.00

Patient: RENE D. AMARO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AMARE000	Place of Service: CLS HEALTH	Date of Birth: 07/13/1961
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Applied to Patient Deductible	Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge			Adjustments	Remainder	
10/10/23	99992	NO SHOW		50.00		0.00			50.00

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RUTH AMAYA
11006 BRADFORD WAY DR
HOUSTON, TX 77075-2443

(832)704-1130

Statement Date	Invoice Number	Page
02/10/2025	CLS AMARU000	1
Guarantor	Due Date	Payment Due
RUTH AMAYA	Upon Receipt	81.49

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Patient:	Rendering Physician:	Chart Number:	Place of Service:
RUTH AMAYA	TAREK M. HUSSEIN DPT	AMARU000	CLS HEALTH
Date of Birth:			05/10/1971

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by CIGNA	Adjustments		Remainder
				Charge	Applied to					
11/10/23	97162	Pt eval mod complex 30 min	GP	304.00	-10.00	-50.52	0.00		-253.48	40.52
11/10/23	97032	Electrical stimulation	GP	44.00		-7.34	0.00		-36.66	7.34
11/10/23	97110	Therapeutic exercises	GP	89.00		-14.85	0.00		-74.15	14.85
11/10/23	97530	Therapeutic activities	GP	112.00		-18.78	0.00		-93.22	18.78

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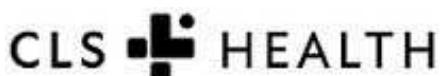
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YESENIA AMADOR
1908 AUGUSTA DR APT 12
HOUSTON, TX 77057-3717

(713)417-7947

Statement Date	Invoice Number	Page
02/10/2025	CLS AMAYE000	1
Guarantor	Due Date	Payment Due
YESENIA	Upon Receipt	153.95

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Date of Last Payment:	9/28/2023	Amount of Last Payment:	-15.00
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Patient: YESENIA AMADOR	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AMAYE000	Place of Service: THE HEIGHTS	Date of Birth: 07/24/1978
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
08/15/23	99214	OFFICE VISIT EST/LEVEL 4		293.00	-15.00	-77.21		-215.79	-15.00

Patient: YESENIA AMADOR	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AMAYE000	Place of Service: THE HEIGHTS	Date of Birth: 07/24/1978
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
09/05/23	43239	Egd biopsy single/multiple		415.00		-168.95	0.00	-246.05	168.95

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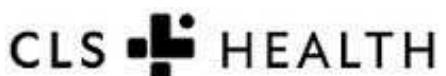
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ANGELICA AMBRIZ
2805 GREENBRIAR ST
DICKINSON, TX 77539-4618

(281)226-0147

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBAN000	1
Guarantor	Due Date	Payment Due
ANGELICA	Upon Receipt	329.50

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Date of Last Payment:	Amount of Last Payment:
Patient: ANGELICA AMBRIZ	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SEFPAY			
07/24/22	99220	Observation, Initial - High Severity		550.00		0.00		-366.64	183.36
07/25/22	99225	Subsequent observation care		218.00		0.00		-145.30	72.70
07/26/22	99217	OBSERVATION DISCHARGE		220.00		0.00		-146.56	73.44

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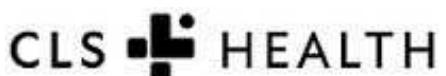
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BLANCA Y. AMBROCIO
10414 PERMIAN DR
SUGAR LAND, TX 77498-1414

(713)289-0108

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBBL000	1
Guarantor	Due Date	Payment Due
BLANCA Y.	Upon Receipt	69.31

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Webster, TX 77598

Date of Last Payment: 12/22/2022

Amount of Last Payment: -830.88

Patient: BLANCA Y. AMBROCIO	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AMBBL000	Place of Service: HCA	Date of Birth: 07/10/1978
---------------------------------------	--	----------------------------------	---------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments	Reminder
07/31/22	44970	Laparoscopy appendectomy		1,896.0		-623.82	-1,202.87	69.31

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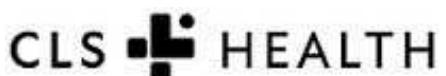
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281-694-5986

CHRISTINE A. AMBROSECCHIA-RANCK
623 WESTWOOD CIRCLE
LA MARQUE, TX 77568-2001

(409)682-3622

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBCH000	1
Guarantor	Due Date	Payment Due
CHRISTINE A.	Upon Receipt	10.40

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Date of Last Payment: 9/29/2023		Amount of Last Payment: -41.62			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CHRISTINE A.		KAREEM GADELMOLA MD	AMBCH000	MAINLAND	01/08/1967
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
08/29/23	95819	Eeg awake and asleep	26	182.00	-41.62
					Adjustments Remainder -129.98 10.40

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CONSEPCION AMBRIZ
16202 DIANA LN APT 329
HOUSTON, TX 77062-5323

(832)894-5388

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBCO000	1
Guarantor	Due Date	Payment Due
CONSEPCION	Upon Receipt	1623.89

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Date of Last Payment:	6/28/2023	Amount of Last Payment:	0.00
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Patient: CONSEPCION AMBRIZ	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: AMBCO000	Place of Service: UTMB	Date of Birth: 04/06/1958
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
12/09/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15
12/10/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
12/11/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
12/12/22	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		0.00	-165.95	73.05
12/13/22	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		0.00	-165.95	73.05
12/14/22	99239	HOSPITAL DISCHARGE, LONG		345.00		0.00	-237.08	107.92

Patient: CONSEPCION AMBRIZ	Rendering Physician: ALI EZZO MD	Chart Number: AMBCO000	Place of Service: UTMB	Date of Birth: 04/06/1958
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
02/06/23	99233	HOSPITAL, SUBSEQUENT , HIGH		359.00		0.00	-236.40	122.60
02/07/23	99233	HOSPITAL, SUBSEQUENT , HIGH		359.00		0.00	-236.40	122.60
02/08/23	99233	HOSPITAL, SUBSEQUENT , HIGH		359.00		0.00	-236.40	122.60
02/09/23	99233	HOSPITAL, SUBSEQUENT , HIGH		359.00		0.00	-236.40	122.60

Patient: CONSEPCION AMBRIZ	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: AMBCO000	Place of Service: UTMB	Date of Birth: 04/06/1958
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
02/05/23	99223	INITIAL HOSPITAL/HIGH		523.00		0.00	-319.85	203.15
02/14/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		0.00	-165.95	73.05
02/15/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		0.00	-165.95	73.05

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CONSEPCION AMBRIZ
16202 DIANA LN APT 329
HOUSTON, TX 77062-5323

(832)894-5388

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBCO000	2
Guarantor	Due Date	Payment Due
CONSEPCION	Upon Receipt	1623.89

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02/16/23	99232	SBSQ HOSP IP/OBS MODERATE 35	239.00	0.00	-165.95	73.05
02/17/23	99239	HOSP IP/OBS DSCHRG MGMT >30	345.00	0.00	-237.08	107.92

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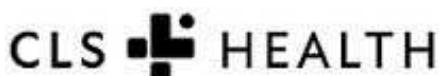
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1,623.89



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DIAMONIQUE R. AMBROISE
7307 PLOVER CIR
TEXAS CITY, TX 77591-3505

(409)655-8875

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBDI000	1
Guarantor	Due Date	Payment Due
DIAMONIQUE R.	Upon Receipt	20.00

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Date of Last Payment: 9/13/2024		Amount of Last Payment: -20.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
DIAMONIQUE R.	RUDY LOZANO CARREON MD	AMBDI000	CLS HEALTH	06/11/1987			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Reminder
04/18/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00	-108.80	-258.20	20.00

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20.00



PO BOX 58538
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281-694-5986

HOWARD K. AMBUSH
301 S 3RD ST
LA PORTE, TX 77571-5011

(346)266-3016

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBHO000	1
Guarantor	Due Date	Payment Due
HOWARD K.	Upon Receipt	30.00

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or scan the QR Code



Make Checks Payable To:

CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 12/9/2024		Amount of Last Payment: -30.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HOWARD K. AMBUSH	MAAMOUN A. HARMOUCH	AMBHO000	CLS HEALTH	11/22/1995
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/14/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-72.56
				Adjustments Remainder
				-284.44 30.00

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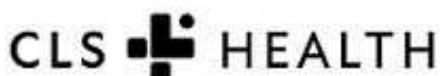
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Amount Due

30.00



PO BOX 58538
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LINDA A. AMBROSE
314 SYCAMORE ST
ALVIN, TX 77511-3532

(832)433-8897

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBLI001	1
Guarantor	Due Date	Payment Due
LINDA A.	Upon Receipt	50.95

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment:	12/1/2023	Amount of Last Payment:	-44.10
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Patient: LINDA A. AMBROSE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AMBLI001	Place of Service:	Date of Birth: 05/06/1954
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	RENAISSA		
07/27/23	95910	Nrv cndj test 7-8 studies		529.00	-90.00	-131.55	-347.45	-40.00

Patient: LINDA A. AMBROSE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AMBLI001	Place of Service:	Date of Birth: 05/06/1954
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	RENAISSA		
08/09/23	70553	Mri brain stem w/o & w/dye		1,006.0	-150.00	0.00	-765.05	90.95

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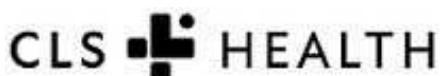
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50.95



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SHIRLEY A. AMBOREE
826 W 9TH ST
FREEPORT, TX 77541-5444

(979)233-5948

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBSH000	1
Guarantor	Due Date	Payment Due
SHIRLEY A.	Upon Receipt	50.00

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Date of Last Payment: 3/12/2024		Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
SHIRLEY A. AMBOREE	JACK A. SASIENE DPM	AMBSH000	CLS HEALTH	09/27/1939		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible WELLMED	Adjustments	Remainder
03/12/24	RTFC1	Routine Foot Care	50.00	0.00		50.00

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CORISHINE AMEERULLAH
7319 AVALON CT
PASADENA, TX 77505-4178

(281)991-8313

Statement Date	Invoice Number	Page
02/10/2025	CLS AMECO000	1
Guarantor	Due Date	Payment Due
CORISHINE	Upon Receipt	1391.69

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Date of Last Payment: 12/9/2024	Amount of Last Payment: -119.38
Patient: CORISHINE AMEERULLAH	Rendering Physician: MOUSTAFA M. AHMED MD

Dates	Procedure	Description	Modifier	Charge	Paid By		Patient Deductible	Paid by United	Adjustments		Remainder
					Applied to	Paid by			United		
04/08/21	64483	Inj foramen epidural l/s	RT	788.00	-112.10	-45.00	-178.23			-564.77	-67.10
04/22/21	99211	OFFICE VISIT - NEW PATIENT -	25	71.00	-27.00	-23.67	0.00			-47.33	-3.33
04/22/21	64483	Inj foramen epidural l/s	RT	788.00	-85.00	-21.33	-201.90			-564.77	-63.67
04/22/21	J2001	Lidocaine injection	59	5.00		-0.02	-0.08			-4.90	0.02
04/22/21	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		-0.07	-0.26			-2.67	0.07
06/17/21	99211	OFFICE VISIT - NEW PATIENT -	25	71.00	-32.49		0.00			-47.33	-8.82
07/22/21	93041	Rhythm ecg tracing	59	18.00	-9.90		0.00			-18.00	-9.90
07/22/21	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00			-0.26			-2.67	0.07
08/23/21	64451	Njx aa&strd nrv nrvtg si jt		707.00	-50.00		-155.38			-506.62	-5.00
08/23/21	J2001	Lidocaine injection	59	5.00			-0.12			-4.85	0.03
08/23/21	Q9967	Locm 300-399mg/ml iodine,1ml		1.00			-0.09			-0.89	0.02
09/20/21	64625	Rf ablj nrv nrvtg si jt	LT	1,594.0	-45.00		0.00			-15.49	1,533.51
09/20/21	J3301	Triamcinolone acet inj nos		16.00		-1.03	-4.13			-10.84	1.03
09/20/21	J2001	Lidocaine injection	59	4.00		-0.02	-0.10			-3.88	0.02
10/11/21	20611	Drain/inj joint/bursa w/us	RT	311.00	-45.00		-44.01			-266.99	-45.00
10/11/21	27096	Inject sacroiliac joint	RT	524.00		-45.00	-103.53			-375.47	45.00
10/11/21	J2001	Lidocaine injection	59	3.00		-0.02	-0.07			-2.91	0.02
10/11/21	J3301	Triamcinolone acet inj nos		16.00		-0.98	-3.94			-11.08	0.98
10/11/21	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.02	-0.10			-0.88	0.02
11/15/21	20611	Drain/inj joint/bursa w/us	RT	622.00	-55.00	-45.00	-43.03			-533.97	-10.00
11/15/21	J3301	Triamcinolone acet inj nos		16.00		-0.98	-3.94			-11.08	0.98
11/15/21	J2001	Lidocaine injection	59	3.00		-0.02	-0.07			-2.91	0.02
11/15/21	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		-0.02	-0.10			-0.88	0.02
12/20/21	94760	Measure blood oxygen level		7.00			0.00			-4.90	2.10

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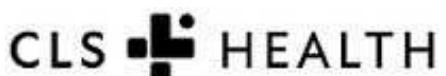
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CORISHINE AMEERULLAH
7319 AVALON CT
PASADENA, TX 77505-4178

(281)991-8313

Statement Date	Invoice Number	Page
02/10/2025	CLS AMECO000	2
Guarantor	Due Date	Payment Due
CORISHINE	Upon Receipt	1391.69

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Patient: CORISHINE AMEERULLAH	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: AMECO000	Place of Service: CLS HEALTH	Date of Birth: 12/07/1942
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder		
			Modifier	Charge	Patient Deductible			United	
06/16/21	95810	Polysom 6/> yrs 4/> param		1,939.0	-45.00	-20.00	-529.34	-1,389.66	-25.00

Patient: CORISHINE AMEERULLAH	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AMECO000	Place of Service: CLS HEALTH	Date of Birth: 12/07/1942
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
01/10/22	77003	Fluoroguide for spine inject		337.00		0.00	-241.49	95.51
02/13/23	27096	Inject sacroiliac joint	50	494.00	-56.96	-197.80	-251.20	-11.96
02/13/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		-0.40	-2.50	0.10

Patient: CORISHINE AMEERULLAH	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AMECO000	Place of Service: CLS HEALTH	Date of Birth: 12/07/1942
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
01/09/24	J3301	Triamcinolone acet inj nos		24.00		-4.86	-17.92	1.22

Patient: CORISHINE AMEERULLAH	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AMECO000	Place of Service: CLS HEALTH	Date of Birth: 12/07/1942
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELLMED
02/06/23	72192	Ct pelvis w/o dye		418.00	-150.00	0.00	-306.56	-38.56

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CORISHINE AMEERULLAH
7319 AVALON CT
PASADENA, TX 77505-4178

(281)991-8313

Statement Date	Invoice Number	Page
02/10/2025	CLS AMECO000	3
Guarantor	Due Date	Payment Due
CORISHINE	Upon Receipt	1391.69

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CORISHINE AMEERULLAH	ABDELNASER ELKHALILI MD	AMECO000	CLS HEALTH	12/07/1942

Dates	Procedure	Description	Paid By Applied to Paid by				Adjustments	Remainder	
			Modifier	Charge	Patient	Deductible			
08/09/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-68.00	-48.05		-178.95	-23.00
08/09/23	96365	Ther/proph/diag iv inf init		193.00		-52.80		-127.00	13.20
08/09/23	J3489	Zoledronic acid 1mg		165.00		-36.36		-119.55	9.09

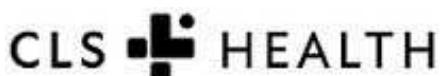
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1,391.69



PO BOX 58538
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JEAN S. AMEDEO
1541 PERUGIA ST
LEAGUE CITY, TX 77573-6492

(832)434-9500

Statement Date	Invoice Number	Page
02/10/2025	CLS AMEJE000	1
Guarantor	Due Date	Payment Due
JEAN S. AMEDEO	Upon Receipt	20.78

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Date of Last Payment:	9/23/2024	Amount of Last Payment:	-113.52
Patient: JEAN S. AMEDEO	Rendering Physician: BAHAEDDIN SHABANEH MD	Chart Number: AMEJE000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By			Paid by RENAISSA	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
01/25/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-30.00	-82.44		-259.56	15.00
01/25/24	93000	Electrocardiogram complete		43.00		-8.51		-28.71	5.78

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Amount Due

20.78



PO BOX 58538
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281-694-5986

JOSE AMEZCUA
1221 REDFORD ST APT 1607
HOUSTON, TX 77034-1971

(713)653-3995

Statement Date	Invoice Number	Page
02/10/2025	CLS AMEJO000	1
Guarantor	Due Date	Payment Due
JOSE AMEZCUA	Upon Receipt	147.34

Pay Online

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Make Checks Payable To:

CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 9/17/2021

Amount of Last Payment: -73.66

Patient: JOSE AMEZCUA	Rendering Physician: ALI EZZO MD	Chart Number: AMEJO000	Place of Service: UTMB	Date of Birth: 09/02/1958
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/26/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-73.66		147.34

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

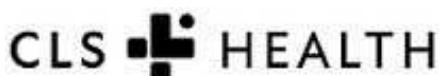
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Amount Due

147.34



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

KATINA J. AMEY
2730 MAIN ST
LA MARQUE, TX 77568-5107

(281)224-6567

Statement Date	Invoice Number	Page
02/10/2025	CLS AMEKA000	1
Guarantor	Due Date	Payment Due
KATINA J. AMEY	Upon Receipt	30.00

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Webster, TX 77598

Date of Last Payment: 8/25/2022		Amount of Last Payment: -97.40		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KATINA J. AMEY	DANNY M. MOUNIR MD	AMEKA000	CLS HEALTH	10/15/1972
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/08/22	99204	OFFICE VIST NEW LEVEL 4	25	521.00
				Paid by UNITED
				Adjustments -97.40
				Remainder -393.60
				30.00

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30.00



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281-694-5986

EISA AMININOGORANI
2907 PARK OAKS DR
HOUSTON, TX 77017-1622

(713)505-5638

Statement Date	Invoice Number	Page
02/10/2025	CLS AMIEI000	1
Guarantor	Due Date	Payment Due
EISA	Upon Receipt	103.11

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Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: EISA AMININOGORANI	Rendering Physician: Maha Al-lahiq MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
05/19/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
05/20/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
05/21/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
05/22/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
05/23/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
05/24/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
05/25/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73

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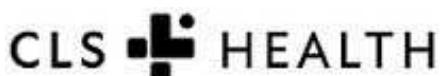
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Amount Due

103.11



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ROUHOLLAH AMINI
25120 PANTHER BEND CT APT 351
SPRING, TX 77380-4237

(424)420-8484

Statement Date	Invoice Number	Page
02/10/2025	CLS AMIRO000	1
Guarantor	Due Date	Payment Due
ROUHOLLAH	Upon Receipt	50.00

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Date of Last Payment: 2/20/2023		Amount of Last Payment: -51.51		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROUHOLLAH AMINI	ROHIT R. DHIR MD	AMIRO000	CLS HEALTH	09/08/1980
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
04/20/22	99992	NO SHOW	50.00	0.00
				Adjustments Remainder 50.00

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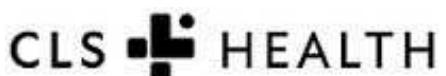
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Amount Due

50.00



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DEWI AMMERMAN
916 CHERRY HILLS DR
HUNTSVILLE, TX 77341-0001

(281)236-5981

Statement Date	Invoice Number	Page
02/10/2025	CLS AMMDE000	1
Guarantor	Due Date	Payment Due
DEWI	Upon Receipt	39.27

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

Date of Last Payment:	9/28/2022	Amount of Last Payment:	-353.54
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DEWI AMMERMAN	NISARG PATEL MD	AMMDE000	THE HEIGHTS	01/03/1966

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
08/15/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-186.80		-287.45	20.75
08/16/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-67.42		-144.09	7.49
08/17/22	99239	HOSPITAL DISCHARGE, LONG		324.00		-99.32		-213.65	11.03

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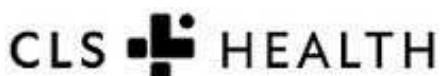
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Amount Due

39.27



PO BOX 58538
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ELIAS I. AMMAR
218 HIGH MEADOWS DR
SUGAR LAND, TX 77479-5109

(832)600-1049

Statement Date	Invoice Number	Page
02/10/2025	CLS AMMEL000	1
Guarantor	Due Date	Payment Due
ELIAS I. AMMAR	Upon Receipt	11.45

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Date of Last Payment: 4/3/2024

Amount of Last Payment: -11.22

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ELIAS I. AMMAR	KHAN KHURRUM MD	AMMEL000	MEMORIAL	03/25/1948			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Reminder
02/02/24	93272	Ecg/review interpret only	71.00	-11.22		-48.33	11.45

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11.45



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ALICIA M. AMOKRANE
451 CONSTELLATION BLVD
APT 1506
LEAGUE CITY, TX 77573-2976
(346)339-4349

Statement Date	Invoice Number	Page
02/10/2025	CLS AMOAL000	1
Guarantor	Due Date	Payment Due
ALICIA M.	Upon Receipt	99.46

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 3/4/2024	Amount of Last Payment: 0.00
--------------------------------	------------------------------

Patient: ALICIA M. AMOKRANE	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: AMOAL000	Place of Service: CLS HEALTH	Date of Birth: 07/17/1967
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
04/01/21	G8484	Flu immunize no admin		0.01		0.00		0.01
04/01/21	G8420	Calc bmi norm parameters		0.01		0.00		0.01
04/01/21	G8427	Docrev cur meds by elig clin		0.01		0.00		0.01
04/01/21	4004F	Pt tobacco screen rcvd tlk	8P	0.01		0.00		0.01

Patient: ALICIA M. AMOKRANE	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AMOAL000	Place of Service: CLS HEALTH	Date of Birth: 07/17/1967
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
06/01/21	99992	NO SHOW		50.00		0.00		50.00
06/08/21	99992	NO SHOW		50.00		0.00		50.00

Patient: ALICIA M. AMOKRANE	Rendering Physician: Maha Al-lahiq MD	Chart Number: AMOAL000	Place of Service: HOUSTON	Date of Birth: 07/17/1967
---------------------------------------	---	----------------------------------	-------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments	Reminder
01/01/22	99225	Subsequent observation care		218.00		-40.60	-167.25	10.15
01/02/22	99217	OBSERVATION DISCHARGE		220.00		-47.60	-160.50	11.90

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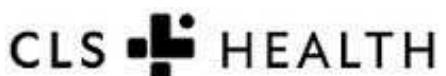
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Amount Due

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ALICIA M. AMOKRANE
451 CONSTELLATION BLVD
APT 1506
LEAGUE CITY, TX 77573-2976
(346)339-4349

Statement Date	Invoice Number	Page
02/10/2025	CLS AMOAL000	2
Guarantor	Due Date	Payment Due
ALICIA M.	Upon Receipt	99.46

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	MOUSTAFA M. AHMED MD	AMOAL000	CLS HEALTH	07/17/1967

Dates	Procedure	Description	Modifier	Paid By	Applied to Charge	Paid by Patient Deductible	Paid by UNITED	Adjustments	Remainder
01/31/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-16.00	-66.08		-317.40	0.52
02/28/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-15.26	-82.60		-317.40	-15.26
04/04/22	99999	NO SHOW		25.00		0.00			25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	Maha Al-lahiq MD	AMOAL000	HOUSTON	07/17/1967

Dates	Procedure	Description	Modifier	Paid By	Applied to Charge	Paid by Patient Deductible	Paid by UNITED	Adjustments	Remainder
03/29/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-108.85		-160.90	-50.75
03/31/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-108.85		-124.85	-14.70

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	ABDELNASER ELKHALILI MD	AMOAL000	CLS HEALTH	07/17/1967

Dates	Procedure	Description	Modifier	Paid By	Applied to Charge	Paid by Patient Deductible	Paid by UNITED	Adjustments	Remainder
01/24/23	99999	NO SHOW		25.00		0.00			25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	JACQUELINE M. WEGGE MD	AMOAL000	CLS HEALTH	07/17/1967

Dates	Procedure	Description	Modifier	Paid By	Applied to Charge	Paid by Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
08/15/22	99999	NO SHOW		25.00		0.00			25.00

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ALICIA M. AMOKRANE
451 CONSTELLATION BLVD
APT 1506
LEAGUE CITY, TX 77573-2976
(346)339-4349

Statement Date	Invoice Number	Page
02/10/2025	CLS AMOAL000	3
Guarantor	Due Date	Payment Due
ALICIA M.	Upon Receipt	99.46

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	MOUSTAFA M. AHMED MD	AMOAL000	CLS HEALTH	07/17/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
11/21/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-290.00	-71.93	-293.07	-255.00
12/19/22	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-125.00	0.00	-272.44	-12.44
01/16/23	99991	NO SHOW		150.00		0.00		150.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	MOUSTAFA M. AHMED MD	AMOAL000	Pain	07/17/1967

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
11/21/22	80307	Drug test prsmv chem analyzr		186.00		-12.14	-123.86	50.00
12/19/22	80307	Drug test prsmv chem analyzr		186.00		-12.14	-123.86	50.00

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99.46



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SARAH AMOS
8843 DONLEY DR
HOUSTON, TX 77088-3429

(281)381-5833

Statement Date	Invoice Number	Page
02/10/2025	CLS AMOSA000	1
Guarantor	Due Date	Payment Due
SARAH AMOS	Upon Receipt	87.66

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Date of Last Payment:			Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
SARAH AMOS	NISARG PATEL MD	AMOSA000	HARBOR	11/23/1934					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Paid by TMHP	Adjustments	Reminder
05/23/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	-14.61	-58.63	0.00	-145.76	14.61
05/25/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	-14.61	-58.63	0.00	-145.76	14.61
05/26/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	-14.61	-58.63	0.00	-145.76	14.61
05/27/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	-14.61	-58.63	0.00	-145.76	14.61
05/28/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	-14.61	-58.63	0.00	-145.76	14.61
05/29/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00	-14.61	-58.63	0.00	-145.76	14.61

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87.66



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281-694-5986

NOURIA AMROUNI
2201 AMBER CREEK CT
PEARLAND, TX 77584-4882

(832)512-9624

Statement Date	Invoice Number	Page
02/10/2025	CLS AMRNO000	1
Guarantor	Due Date	Payment Due
NOURIA	Upon Receipt	1178.94

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: NOURIA AMROUNI	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
06/22/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15
06/23/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
06/24/22	99238	Hospital discharge day		221.00		0.00	-147.20	73.80

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NOURIA AMROUNI	MAHESWARY	AMRNO000	CLEAR LAKE	06/04/1957

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
06/22/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5 57		495.00		0.00	-330.00	165.00
06/22/22	44970	Laparoscopy appendectomy		1,896.0		0.00	-1,264.00	632.00

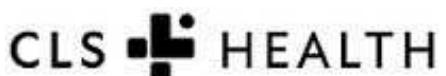
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1,178.94



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281-694-5986

FERNANDO ANATO MONTENEGRO
20510 CYPRESS PLAZA PKWY
CYPRESS, TX 77433-2001

(305)985-8232

Statement Date	Invoice Number	Page
02/10/2025	CLS ANAFE000	1
Guarantor	Due Date	Payment Due
FERNANDO	Upon Receipt	60.65

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	6/25/2024	Amount of Last Payment:	-7.34
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Patient: FERNANDO ANATO	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ANAFE000	Place of Service: CLS HEALTH	Date of Birth: 03/21/1962
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Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
02/26/24	51728	Cystometrogram w/vp	52	1,086.0	-47.50	-125.42		-918.78	-5.70
02/26/24	51784	Anal/urinary muscle study		194.00		-43.79		-135.61	14.60
02/26/24	51741	Electro-uroflowmetry first		44.00		-9.63		-31.16	3.21
02/26/24	51798	Us urine capacity measure	59	34.00		-7.34		-24.22	2.44
03/08/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-47.50	-73.54		-303.46	-37.50
03/08/24	52000	Cystoscopy		718.00		-165.31		-497.59	55.10
03/08/24	76872	Us transrectal		412.00		-83.39		-300.81	27.80
03/08/24	81000	Urinalysis nonauto w/scope		12.00		-2.11		-9.19	0.70

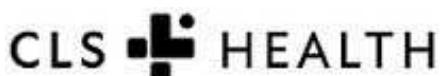
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Amount Due
60.65



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

MARIA J. ANAYA
7635 COUNTY ROAD 98
ALVIN, TX 77511-6614

(281)650-0076

Statement Date	Invoice Number	Page
02/10/2025	CLS ANAMA002	1
Guarantor	Due Date	Payment Due
MARIA J. ANAYA	Upon Receipt	25.00

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Date of Last Payment: 12/20/2024				Amount of Last Payment: -170.73					
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
MARIA J. ANAYA		TRAVIS GOODALE MD		ANAMA002				03/26/1952	
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Remainder	
05/25/21	99214	OFFICE VISIT EST/LEVEL 4		95	404.00	-20.00	-134.57	-269.43	-20.00
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Remainder	
07/27/21	99999	NO SHOW		Q6	25.00		0.00		25.00
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Remainder	
01/24/24	99215	OFFICE VISIT EST/LEVEL 5		546.00		-167.62	-358.38	20.00	

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25.00



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281-694-5986

NORA D. ANAYA
2780 TALLOWOOD DR
LEAGUE CITY, TX 77573-4318

(956)536-6385

Statement Date	Invoice Number	Page
02/10/2025	CLS ANANO000	1
Guarantor	Due Date	Payment Due
NORA D. ANAYA	Upon Receipt	24.20

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 4/5/2024

Amount of Last Payment: -165.80

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
NORA D. ANAYA	GHYATH SAMMAN MD	ANANO000	CLEAR LAKE	09/21/1979				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Reminder
03/06/24	93306	Tte w/doppler complete	26	632.00		-165.80	-442.00	24.20

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Amount Due

24.20



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Statement Date	Invoice Number	Page
02/10/2025	CLS ANAVI000	1
Guarantor	Due Date	Payment Due
VICENTE ANAYA	Upon Receipt	96.34

VICENTE ANAYA
6302 GRAPEVINE ST
HOUSTON, TX 77085-3612

(832)721-1337

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Patient: VICENTE ANAYA	Rendering Physician: MUHAMMAD O. SALIM DO	Chart Number: ANAVI000	Place of Service: MEMORIAL	Date of Birth: 05/30/1972					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder	
02/24/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-51.45	-205.79		-237.76	51.45
02/25/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-26.47	-105.86		-185.67	26.47
02/26/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-18.42	-73.66		-128.92	18.42

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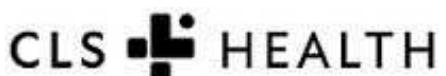
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281-694-5986

JOE C. ANCAJAS
11901 SANTA MONICA BLVD
STE 361
LOS ANGELES, CA 90025-2767
(310)622-3027

Statement Date	Invoice Number	Page
02/10/2025	CLS ANCJO000	1
Guarantor	Due Date	Payment Due
JOE C. ANCAJAS	Upon Receipt	819.45

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Date of Last Payment:	12/24/2021	Amount of Last Payment:	0.00
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Patient: JOE C. ANCAJAS	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ANCJO000	Place of Service: ST.LUKE'S	Date of Birth: 09/15/1960
-----------------------------------	--	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments	Reminder
				Charge	Patient Deductible			
09/13/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-45.34		272.66
09/14/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-45.34		272.66
09/15/21	99239	HOSPITAL DISCHARGE, LONG		327.00		-52.87		274.13

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ANGELA L. ANDREWS
7807 MELODY LN
DICKINSON, TX 77539-7409

(214)674-6393

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDAN000	1
Guarantor	Due Date	Payment Due
ANGELA L.	Upon Receipt	33.98

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Date of Last Payment:	12/2/2024	Amount of Last Payment:	-25.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA L. ANDREWS	DANNY M. MOUNIR MD	ANDAN000	CLS HEALTH	10/29/1951

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by	Adjustments		Remainder	
			Modifier	Charge			UNITED			
02/17/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-112.00	-133.20	0.00		-266.80	21.20
02/17/22	51798	Us urine capacity measure		33.00		-9.34	0.00		-23.66	9.34
02/17/22	81003	Urinalysis auto w/o scope	QW	7.00		-1.35	0.00		-5.65	1.35

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELA L. ANDREWS	MOUSTAFA M. AHMED MD	ANDAN000	CLS HEALTH	10/29/1951

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by	Adjustments		Remainder
			Modifier	Charge			WELLMED		
04/04/23	94760	Measure blood oxygen level	Q6	7.00	-25.00	0.00		-4.91	-22.91
04/04/23	99204	OFFICE VIST NEW LEVEL 4	Q6	503.00		-143.83		-334.17	25.00

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ASHLEY D. ANDREWS
408 LEXINGTON AVE
CLUTE, TX 77531-4793

(979)248-4539

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDAS000	1
Guarantor	Due Date	Payment Due
ASHLEY D.	Upon Receipt	94.72

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Date of Last Payment: 11/29/2023

Amount of Last Payment: 0.00

Patient: ASHLEY D. ANDREWS	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANDAS000	Place of Service: CLS HEALTH	Date of Birth: 12/12/1990
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Paid by TRICARE	Adjustments	Reminder
12/16/21	99215	OFFICE VISIT EST/LEVEL 5		564.00		-97.60	-0.28	-421.40	44.72
02/29/24	99999	NO SHOW		25.00		0.00	0.00		25.00

Patient: ASHLEY D. ANDREWS	Rendering Physician: AHMED A. MORSY MD	Chart Number: ANDAS000	Place of Service: CLS HEALTH	Date of Birth: 12/12/1990
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
05/31/24	99999	NO SHOW		25.00		0.00		25.00

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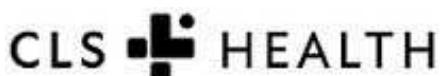
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94.72



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BETTY J. ANDREWS
PO BOX 2424
ONALASKA, TX 77360-2424

(409)594-8700

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDBE001	1
Guarantor	Due Date	Payment Due
BETTY J.	Upon Receipt	52.07

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Date of Last Payment: 7/9/2021	Amount of Last Payment: -59.24
--------------------------------	--------------------------------

Patient: BETTY J. ANDREWS	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: ANDBE001	Place of Service: UTMB	Date of Birth: 03/24/1948
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	MEDICARE		
04/06/21	99220	Observation, Initial - High Severity	GW	559.00		-37.26	-149.05	-372.69	37.26

Patient: BETTY J. ANDREWS	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ANDBE001	Place of Service: UTMB	Date of Birth: 03/24/1948
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	MEDICARE		
04/07/21	99217	OBSERVATION DISCHARGE	GW	222.00		-59.24		-147.95	14.81

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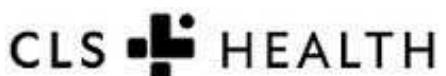
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Amount Due

52.07



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BERRY E. ANDERSON
4801 ALLENDALE RD APT 709
HOUSTON, TX 77017-5456

(713)478-9390

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDBE003	1
Guarantor	Due Date	Payment Due
BERRY E.	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BERRY E. ANDERSON		ZULFIQAR CHEEMA MD	ANDBE003	CLS HEALTH	01/11/1976
Dates	Procedure	Description	Modifier Charge	Paid By EVERCARE	Paid by TMHP
25.00	0.00	0	25.00	0.00	0

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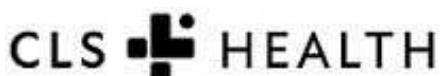
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Amount Due

25.00



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BIANCA ANDERSON
14807 WOODLAND HILLS DR
APT 7102
HUMBLE, TX 77396-4671

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDBI000	1
Guarantor	Due Date	Payment Due
BIANCA	Upon Receipt	25.00

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Date of Last Payment:	Amount of Last Payment:							
Patient: BIANCA ANDERSON	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ANDBI000	Place of Service: CLS HEALTH	Date of Birth: 11/09/1988				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
04/04/22	99999	NO SHOW		25.00		0.00		25.00

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Amount Due
25.00



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BRITTANY M. ANDREWS
8314 CHERRY BLOSSOM DR
HIGHLANDS, TX 77562-3180

(346)233-5714

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDBR004	1
Guarantor	Due Date	Payment Due
BRITTANY M.	Upon Receipt	31.59

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Date of Last Payment: 9/19/2024	Amount of Last Payment: -72.15
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Patient: BRITTANY M. ANDREWS	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ANDBR004	Place of Service: CLS HEALTH	Date of Birth: 11/24/1997
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Paid by COMMUNIT	Adjustments	Remainder
				Charge	Patient Deductible		COMMUNIT		
10/21/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-35.00	-141.03	0.00	-341.97	-15.00
11/01/23	81000	Urinalysis nonauto w/scope		12.00		0.00	0.00	-9.31	2.69
11/29/23	81000	Urinalysis nonauto w/scope		12.00		0.00	0.00	-9.31	2.69
01/03/24	81000	Urinalysis nonauto w/scope		12.00		0.00	0.00	-9.31	2.69
02/20/24	81000	Urinalysis nonauto w/scope		12.00		0.00	0.00	-9.19	2.81
03/19/24	81000	Urinalysis nonauto w/scope		12.00		0.00	0.00	-9.19	2.81

Patient: BRITTANY M. ANDREWS	Rendering Physician: MICHAEL G. BARACY MD	Chart Number: ANDBR004	Place of Service: CLEAR LAKE	Date of Birth: 11/24/1997
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Paid by COMMUNIT	Adjustments	Remainder
				Charge	Patient Deductible		COMMUNIT		
04/26/24	99236	HOSP IP/OBS SAME DATE HI 85		626.00	-194.05	0.00	-181.15	-431.95	12.90

Patient: BRITTANY M. ANDREWS	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ANDBR004	Place of Service: CLS HEALTH	Date of Birth: 11/24/1997
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments	Remainder
				Charge	Patient Deductible			
04/30/24	87481	Candida dna amp probe	59	525.00		-76.50	-428.50	20.00

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CAROLINA M. ANDRES
2542 COBBLERS WAY
FRIENDSWOOD, TX 77546-2604

(713)885-4854

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCA003	1
Guarantor	Due Date	Payment Due
CAROLINA M.	Upon Receipt	285.23

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Date of Last Payment:	4/15/2022	Amount of Last Payment:	-61.17
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CAROLINA M. ANDRES	MOHAMMAD J. BABA MD	ANDCA003	CLS HEALTH	01/15/1950

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CASH	Adjustments	Remainder
12/27/21	74150	Ct abdomen w/o dye		463.00	-250.00	0.00	-311.89	-98.89

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CAROLINA M. ANDRES	REMY TEQWIMUAH MD	ANDCA003	UTMB	01/15/1950

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELF PAY	Adjustments	Remainder
05/08/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85	203.15
05/09/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		0.00	-145.95	73.05
05/10/22	99239	HOSPITAL DISCHARGE, LONG		324.00		0.00	-216.08	107.92

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Amount Due

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CHRISTY ANDERSON
1622 DIAMOND BROOK DR
HOUSTON, TX 77062-2097

(281)299-4816

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCH001	1
Guarantor	Due Date	Payment Due
CHRISTY	Upon Receipt	20.00

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Date of Last Payment: 4/15/2022	Amount of Last Payment: -104.99
---------------------------------	---------------------------------

Patient: CHRISTY ANDERSON	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANDCH001	Place of Service:	Date of Birth: 10/24/1953
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/08/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-177.24		-366.76 20.00

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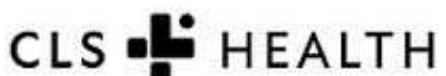
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Amount Due

20.00



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CHARLES ANDERSON
10519 KIRKHALL DR
HOUSTON, TX 77089-2425

(713)550-7074

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCH003	1
Guarantor	Due Date	Payment Due
CHARLES	Upon Receipt	353.29

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CHARLES ANDERSON		ANDCH003	CLEAR LAKE	03/12/1963	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP
09/06/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00
09/07/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00		0.00
09/08/21	99238	Hospital discharge day	222.00		0.00
					Adjustments Remainder
					-410.76 205.24
					-147.00 74.00
					-147.95 74.05

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Amount Due

353.29



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CHRISTIANA L. ANDERSON
2514 FOXGLOVE ST
HIGHLANDS, TX 77562-3165

(281)813-6327

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCH005	1
Guarantor	Due Date	Payment Due
CHRISTIANA L.	Upon Receipt	148.72

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Date of Last Payment: 8/12/2022	Amount of Last Payment: -190.04
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Patient: CHRISTIANA L. ANDERSON	Rendering Physician: FARRAH ALI FNP-C	Chart Number: ANDCH005	Place of Service: SYLVAN	Date of Birth: 10/26/1953
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
04/19/22	99306	Nursing Home Initial Visit Level 3		507.00	-28.72	-113.72	-364.56	28.72
04/21/22	99308	Nursing fac care subseq		212.00	-12.00	-47.51	-152.49	12.00
04/26/22	99308	Nursing fac care subseq		212.00	-12.00	-47.51	-152.49	12.00
05/10/22	99308	Nursing fac care subseq		212.00	-12.00	-47.51	-152.49	12.00
05/12/22	99308	Nursing fac care subseq		212.00	-12.00	-47.51	-152.49	12.00
05/17/22	99308	Nursing fac care subseq		212.00	-12.00	-47.51	-152.49	12.00
05/19/22	99308	Nursing fac care subseq		212.00	-12.00	-47.51	-152.49	12.00
05/24/22	99308	Nursing fac care subseq		212.00		-47.51	-152.49	12.00
05/26/22	99308	Nursing fac care subseq		212.00		-47.51	-152.49	12.00
05/31/22	99308	Nursing fac care subseq		212.00		-47.51	-152.49	12.00
06/02/22	99308	Nursing fac care subseq		212.00		-47.51	-152.49	12.00

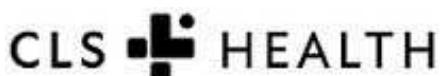
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CHERI R. ANDREWS
7510 DECKER DR APT 1910
BAYTOWN, TX 77520-1075

(832)457-5318

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCH010	1
Guarantor	Due Date	Payment Due
CHERI R.	Upon Receipt	25.00

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Date of Last Payment: 12/8/2023		Amount of Last Payment: -90.07		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHERI R. ANDREWS	JACQUELINE M. WEGGE MD	ANDCH010	CLS HEALTH	04/09/1994
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible EVERCARE
04/17/24	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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CHRISTINA M. ANDERSON
212 RABBIT TRL
LAKE JACKSON, TX 77566-3729

(979)235-0070

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCH012	1
Guarantor	Due Date	Payment Due
CHRISTINA M.	Upon Receipt	55.19

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Date of Last Payment:	11/21/2024	Amount of Last Payment:	-272.80
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTINA M. ANDERSON	MOUSTAFA M. AHMED MD	ANDCH012	CLS HEALTH	10/12/1962

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by AETNA	Adjustments		Remainder
			Modifier	Charge					
01/11/24	80307	Drug test prsmv chem anlyzr	Q6	186.00	-47.23	0.00		-138.77	47.23
01/11/24	G0483	Drug test def 22+ classes	Q6	741.00	-119.01	0.00		-621.99	119.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTINA M. ANDERSON	MOUSTAFA M. AHMED MD	ANDCH012	CLS HEALTH	10/12/1962

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by AETNA	Adjustments		Remainder
			Modifier	Charge					
01/11/24	99204	OFFICE VIST NEW LEVEL 4	Q6	507.00	-250.00	-138.95	0.00		-368.05 -111.05

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

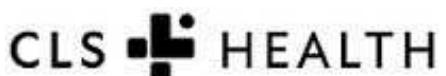
Call 281-694-5986

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

Amount Due

55.19



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

CION ANDERSON
4104 S MERIDIAN GREENS DR
DICKINSON, TX 77539-8393

(504)231-8249

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCI000	1
Guarantor	Due Date	Payment Due
CION ANDERSON	Upon Receipt	73.40

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Webster, TX 77598

Date of Last Payment:	4/23/2024	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CION ANDERSON	KAREEM GADELMOLA MD	ANDCI000	UTMB	03/18/1970

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
04/02/24	99223	1ST HOSP IP/OBS HIGH 75		521.00		-112.94	-359.66	48.40

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CION ANDERSON	MOHAMED A. KHALIL MD	ANDCI000	CLS HEALTH	03/18/1970

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/20/24	99999	NO SHOW		25.00		0.00		25.00

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

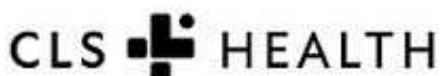
Call 281-694-5986

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

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

Amount Due

73.40



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

CORY C. ANDERSON
695 PINELOCH DR APT 411
WEBSTER, TX 77598-1850

(713)377-0366

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCO000	1
Guarantor	Due Date	Payment Due
CORY C.	Upon Receipt	196.46

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	8/24/2021		Amount of Last Payment:	-57.09
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CORY C. ANDERSON	MAHESWARY	ANDCO000	CLEAR LAKE	02/24/1995

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
07/29/21	99220	Observation, Initial - High Severity		559.00	-181.90	0.00	-377.10	181.90
07/30/21	99217	OBSERVATION DISCHARGE		222.00	-14.56	-57.09	-150.35	14.56

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

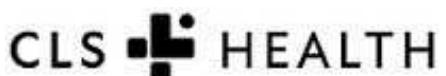
Call 281-694-5986

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Amount Due

196.46



PO BOX 58538
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281-694-5986

CYNTHIA ANDERSON
2322 E FAYLE ST
BAYTOWN, TX 77521-1009

(832)206-1731

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA	Upon Receipt	21.50

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

Date of Last Payment: 3/18/2024	Amount of Last Payment: 0.00
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Patient: CYNTHIA ANDERSON	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ANDCY000	Place of Service: CLS HEALTH	Date of Birth: 09/18/1969
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	United		
01/22/24	99204	OFFICE VIST NEW LEVEL 4		507.00	-53.00	-95.55	-379.60	-21.15
02/22/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-28.00	-61.95	-304.40	-7.35
01/04/24	99999	NO SHOW		25.00		0.00		25.00
10/30/23	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

21.50



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281-694-5986

DARREN A. ANDERSON
16635 TIBET RD
FRIENDSWOOD, TX 77546-4143

(713)591-6806

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDA003	1
Guarantor	Due Date	Payment Due
DARREN A.	Upon Receipt	227.76

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Date of Last Payment: 11/21/2024				Amount of Last Payment: -26.32		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
DARREN A. ANDERSON	MAHESWARY	ANDDA003	CLEAR LAKE	10/28/1968		
Dates	Procedure	Description	Modifier	Paid By Cigna	Applied to	Paid by Cigna
6/25/24	99236	Hosp/Obs - Admit/Disch Same Day Level		651.00		-161.89
						-460.54
						28.57
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
DARREN A. ANDERSON	GHYATH SAMMAN MD	ANDDA003	CLS HEALTH	10/28/1968		
Dates	Procedure	Description	Modifier	Paid By Cigna	Applied to	Paid by Cigna
5/16/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-19.74	-108.69
5/16/24	93000	Electrocardiogram complete		45.00		-12.75
6/25/24	93015	Cardiovascular stress test		2,920.0	-25.00	-63.64
6/25/24	A9502	Tc99m tetrofosmin		5,840.0		-118.30
6/25/24	78452	Ht muscle image spect mult		2,921.0		-324.62
6/25/24	J2785	Regadenoson injection		6,400.0		-19.18
6/25/24	J0280	Aminophyllin 250 mg inj		39.00		-6.01
6/25/24	93306	Tte w/doppler complete		640.00		-180.49
						-419.70
						39.81
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
DARREN A. ANDERSON	GHYATH SAMMAN MD	ANDDA003	CLEAR LAKE	10/28/1968		
Dates	Procedure	Description	Modifier	Paid By Cigna	Applied to	Paid by Cigna
6/19/24	99223	1ST HOSP IP/OBS HIGH 75		521.00		-165.77
						-318.66
						36.57

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Amount Due

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281-694-5986

DARREN A. ANDERSON
16635 TIBET RD
FRIENDSWOOD, TX 77546-4143

(713)591-6806

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDA003	2
Guarantor	Due Date	Payment Due
DARREN A.	Upon Receipt	227.76

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DARREN A. ANDERSON	SHAFRAZ MOHAMMED MD	ANDDA003	CLEAR LAKE	10/28/1968

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge			
06/19/24	99223	1ST HOSP IP/OBS HIGH 75		521.00	-132.97	-364.57	23.46

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

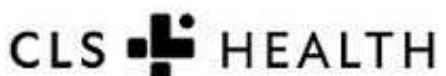
Call 281-694-5986

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Amount Due

227.76



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

DARIUS ANDERSON
13920 MANDOLIN DR
HOUSTON, TX 77070-1278

(832)282-1685

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDA006	1
Guarantor	Due Date	Payment Due
DARIUS	Upon Receipt	15.00

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Webster, TX 77598

Date of Last Payment: 10/24/2023

Amount of Last Payment: 0.00

Patient: DARIUS ANDERSON	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ANDDA006	Place of Service: AMERICAN	Date of Birth: 02/18/1999
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Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/26/23	99245	OFFICE CONSULTATION/LEVEL 5	497.00	-10.00	-217.79	-279.21	-10.00

Patient: DARIUS ANDERSON	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ANDDA006	Place of Service: THE HEIGHTS	Date of Birth: 02/18/1999
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Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/14/23	99999	NO SHOW	25.00		0.00		25.00

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Amount Due

15.00



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281-694-5986

DULCE M. ANDRADE
3207 SUITER WAY
PASADENA, TX 77503-2151

(832)455-4310

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDU000	1
Guarantor	Due Date	Payment Due
DULCE M.	Upon Receipt	21.03

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Date of Last Payment: 12/13/2024					Amount of Last Payment: -516.06				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	MUTUAL	
01/18/21	99214	OFFICE VISIT EST/LEVEL 4		404.00	-149.57	-26.91	-108.95	-26.91	-268.14 -149.57
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DULCE M. ANDRADE		ABDELNASER ELKHALILI MD		ANDDU000		CLS HEALTH		09/12/1954	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	MUTUAL	
01/17/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00		-93.05	0.00	0.00	-178.95 93.05
01/17/23	96413	Chemo iv infusion 1 hr		394.00		-53.86	-63.36	-16.16	-260.62 53.86
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DULCE M. ANDRADE		ABDELNASER ELKHALILI MD		ANDDU000		CLS HEALTH		09/12/1954	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	MUTUAL	
01/04/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-149.57	-133.20	0.00	0.00	-266.80 -16.37
01/04/22	96401	Chemo anti-neopl sq/m		480.00		-111.81	-48.63	-12.01	-319.56 99.80
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DULCE M. ANDRADE		ABDELNASER ELKHALILI MD		ANDDU000		CLS HEALTH		09/12/1954	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	MUTUAL	
01/11/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-240.00	-129.00	0.00	0.00	-258.00 -111.00
01/11/24	96413	Chemo iv infusion 1 hr		385.00		-51.86	-51.04	-15.32	-266.78 51.86

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DULCE M. ANDRADE
3207 SUITER WAY
PASADENA, TX 77503-2151

(832)455-4310

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDU000	2
Guarantor	Due Date	Payment Due
DULCE M.	Upon Receipt	21.03

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02/12/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-85.97	-25.80	-275.83	-0.60
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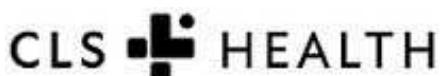
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Amount Due

21.03



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

DYLAN E. ANDERSON
13610 BUNDE ST
SANTA FE, TX 77510-9087

(409)925-4294

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDY000	1
Guarantor	Due Date	Payment Due
DYLAN E.	Upon Receipt	278.00

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Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: DYLAN E. ANDERSON	0.00

Dates	Procedure	Description	Paid By		Paid by CASH	Adjustments	Remainder
			Modifier	Charge			
06/14/23	95806	Sleep study unatt&resp efft	26	139.00	0.00		139.00
06/15/23	95806	Sleep study unatt&resp efft	26	139.00	0.00		139.00

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

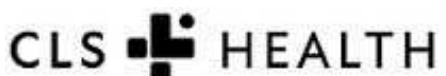
Call 281-694-5986

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Amount Due

278.00



PO BOX 58538
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281-694-5986

EMMANUEL ANDRADE
3821 COUNTY ROAD 949B
ALVIN, TX 77511-7571

(713)503-3705

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDEM000	1
Guarantor	Due Date	Payment Due
EMMANUEL	Upon Receipt	674.00

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Date of Last Payment:					Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
EMMANUEL ANDRADE	OMAR ALBUSTAMI MD	ANDEM000	UTMB	11/08/1996		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments Remainder
12/30/21	99291	CRITICAL CARE 1ST HOUR	678.00		0.00	-453.95 224.05
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
EMMANUEL ANDRADE	MOHAMMAD J. BABA MD	ANDEM000	UTMB	11/08/1996		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments Remainder
12/31/21	99291	CRITICAL CARE 1ST HOUR	672.00		0.00	-446.10 225.90
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
EMMANUEL ANDRADE	LUIGI TERMINELLA MD	ANDEM000	UTMB	11/08/1996		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments Remainder
01/01/22	99291	CRITICAL CARE 1ST HOUR	672.00		0.00	-447.95 224.05

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

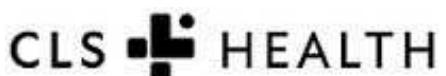
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Amount Due

674.00



PO BOX 58538
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281-694-5986

EMILY J. ANDREWS
6608 SOUTHBROOK DR
HOUSTON, TX 77087-6852

(713)294-2460

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDEM001	1
Guarantor	Due Date	Payment Due
EMILY J.	Upon Receipt	109.34

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Date of Last Payment:	Amount of Last Payment:
Patient: EMILY J. ANDREWS	Rendering Physician: JIRIES S. DAHU MD

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
04/16/21	99291	CRITICAL CARE 1ST HOUR	GW	672.00	-45.18	-180.72	-446.10	45.18
04/17/21	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00	-21.17	-84.69	-209.14	21.17
04/18/21	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00	-21.17	-84.69	-209.14	21.17
04/19/21	99239	HOSPITAL DISCHARGE, LONG	GW	324.00	-21.82	-87.30	-214.88	21.82

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

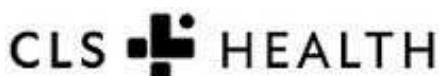
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Amount Due

109.34



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

ERVIN ANDERS
8027 FM 711
SAN AUGUSTINE, TX 75972-4269

(936)201-0170

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDER002	1
Guarantor	Due Date	Payment Due
ERVIN ANDERS	Upon Receipt	419.29

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Date of Last Payment:	Amount of Last Payment:			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ERVIN ANDERS	EMRAN ABU ATHERAH MD	ANDER002	UTMB	07/01/1967

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SELPAY			
02/18/23	99223	1ST HOSP IP/OBS HIGH 75		523.00		0.00	-344.33		178.67
02/19/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		0.00	-236.40		122.60
02/20/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00		0.00	-226.98		118.02

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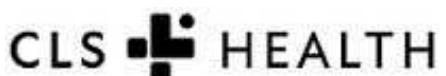
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If remitting payment via mail in check, Please include statement.

Amount Due

419.29



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281-694-5986

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDES000	1
Guarantor	Due Date	Payment Due
ESTHER	Upon Receipt	267.38

ESTHER ANDRADE
502 E SAM HOUSTON PKWY S APT 7
PASADENA, TX 77503-1718

(832)897-1595

Pay Online
Go to: cls.health/payment or scan the QR Code
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: ESTHER ANDRADE	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	SEFPAY		
03/31/22	99220	Observation, Initial - High Severity		550.00		0.00	-358.03	191.97
04/01/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-144.59	75.41

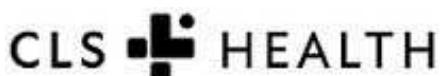
Have a question about your balance, or need to update your insurance information with us?

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
267.38



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

EVELYN D. ANDERSON DOLORIER
2242 COUNTY ROAD 57
ROSHARON, TX 77583-4632

(832)808-3058

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDEV001	1
Guarantor	Due Date	Payment Due
EVELYN D.	Upon Receipt	2971.42

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or scan the QR Code



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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	1/9/2023	Amount of Last Payment:	-113.20
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Patient: EVELYN D. ANDERSON	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ANDEV001	Place of Service: CLS HEALTH	Date of Birth: 12/31/1973
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
10/25/22	99214	OFFICE VISIT EST/LEVEL 4		400.00		-113.20	-266.80	20.00

Patient: EVELYN D. ANDERSON	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ANDEV001	Place of Service: CLEAR LAKE	Date of Birth: 12/31/1973
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder	
07/27/22	99223	INITIAL HOSPITAL/HIGH	25	609.00		-203.15	0.00	-405.85	203.15
07/27/22	59510	CESAREAN DELIVERY		8,245.0		-2,748.27	0.00	-5,496.73	2,748.27

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FRIEDA M. ANDERSON
2550 W HIGHWAY 6 APT 2
ALVIN, TX 77511-9892

(346)253-7567

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDFR000	1
Guarantor	Due Date	Payment Due
FRIEDA M.	Upon Receipt	628.39

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Date of Last Payment: 12/13/2024

Amount of Last Payment: -91.11

Patient: FRIEDA M. ANDERSON	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ANDFR000	Place of Service: CLS HEALTH	Date of Birth: 12/25/1949
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to			Paid by HUMANA	Adjustments Remainder		
			Modifier	Charge	Patient Deductible				
02/01/21	95810	Polysom 6/> yrs 4/> param		1,939.0	-175.00	-646.28	0.00	-1,292.72	471.28
02/23/21	95811	Polysom 6/> yrs cpap 4/> parm		2,024.0	-175.00	-103.72	-342.56	-1,349.35	157.09

Patient: FRIEDA M. ANDERSON	Rendering Physician: REGINA PILLAI MD	Chart Number: ANDFR000	Place of Service: CLS HEALTH	Date of Birth: 12/25/1949
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to			Paid by HUMANA	Adjustments Remainder		
			Modifier	Charge	Patient Deductible				
05/07/21	J7613	Albuterol non-comp unit		2.00			-0.06	-1.92	0.02

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GRACE A. ANDERSONS
272 AUSTIN ST
ANGLETON, TX 77515-4102

(979)319-6355

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDGR001	1
Guarantor	Due Date	Payment Due
GRACE A.	Upon Receipt	40.00

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Date of Last Payment: 4/20/2023		Amount of Last Payment: -2,124.57		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GRACE A. ANDERSONS	JIHAD M. HARMOUCHE MD	ANDGR001	CLS HEALTH	09/06/1980
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
10/17/22	99214	OFFICE VISIT EST/LEVEL 4	400.00	-65.88
				Adjustments Remainder
				-294.12 40.00

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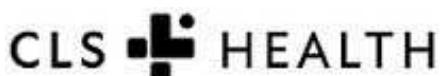
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40.00



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HERMILo ANDABLO
10611 SAGECANYON DR
HOUSTON, TX 77089-2924

(505)409-2196

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDHE002	1
Guarantor	Due Date	Payment Due
HERMILo	Upon Receipt	25.00

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Date of Last Payment: 3/31/2023		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
HERMILo ANDABLO	MOUSTAFA M. AHMED MD	ANDHE002	CLS HEALTH	06/17/1996			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments	Remainder
12/21/21	99999	NO SHOW	25.00		0.00		25.00

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J W. ANDREWS
1717 HEATHER LN
ALVIN, TX 77511-3019

(281)331-5349

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJ0000	1
Guarantor	Due Date	Payment Due
J W. ANDREWS	Upon Receipt	25.00

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Date of Last Payment: 9/23/2024		Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
J W. ANDREWS	ZULFIQAR CHEEMA MD	ANDJ0000	CLS HEALTH	02/01/1943				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by AETNA	Adjustments	Remainder
06/06/23	99999	NO SHOW	25.00			0.00	0.00	25.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJA001	1
Guarantor	Due Date	Payment Due
JANA K.	Upon Receipt	7.02

JANA K. ANDREWS
3026 HERITAGE HOUSE DR
WEBSTER, TX 77598-8936

(281)709-8936

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Date of Last Payment:			Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
JANA K. ANDREWS	NEDAL ADI MD	ANDJA001	CLS HEALTH	06/22/1973					
Paid By Applied to Paid by									
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	MEDICARE	Adjustments	Remainder
01/18/21	71046	X-ray exam chest 2 views		105.00	-7.02	-28.60		-69.38	7.02

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JASMIN P. ANDERSON
6529 DREAM CATCHER LN
DICKINSON, TX 77539-0377

(631)889-2680

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJA002	1
Guarantor	Due Date	Payment Due
JASMIN P.	Upon Receipt	20.16

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Date of Last Payment:	8/21/2024	Amount of Last Payment:	-2,702.08
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JASMIN P. ANDERSON	MOHAMED A. KHALIL MD	ANDJA002	CLS HEALTH	09/13/1953

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
11/10/21	93880	Extracranial bilat study		629.00	-64.84	-50.00	-128.45	-450.55 -14.84

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JASMIN P. ANDERSON	MAZEN NOUREDDIN MD	ANDJA002	CLS HEALTH	09/13/1953

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
03/06/24	76981	Use parenchyma		311.00		-70.23	-205.77	35.00

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JAMIE ANDERSON
10006 SAGEDOWNE LN
HOUSTON, TX 77089-4312

(832)820-9433

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJA008	1
Guarantor	Due Date	Payment Due
JAMIE	Upon Receipt	356.05

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Date of Last Payment: 1/27/2024					Amount of Last Payment: -266.21		
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
JAMIE ANDERSON		MAHMOOD DWEIK MD		ANDJA008	CLS HEALTH		08/06/1994
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
01/08/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-226.76	-176.86	0.00
							-492.14 -49.90
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
JAMIE ANDERSON		MOUSTAFA M. AHMED MD		ANDJA008	CLS HEALTH		08/06/1994
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
01/08/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-88.07	-133.74	0.00
							-373.26 45.67
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
JAMIE ANDERSON		MAHMOOD DWEIK MD		ANDJA008	CLS HEALTH		08/06/1994
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
01/27/24	95810	Polysom 6/> yrs 4/> param		1,857.0	-266.21	-626.49	0.00
							-1,230.51 360.28

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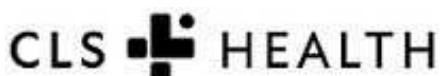
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Amount Due

356.05



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281-694-5986

JAMES J. ANDREWS
744 INTERNATIONAL BLVD # E31
HOUSTON, TX 77024-3581

(832)499-8498

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJA009	1
Guarantor	Due Date	Payment Due
JAMES J.	Upon Receipt	50.00

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Date of Last Payment: **9/8/2023**

Amount of Last Payment: **-207.07**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JAMES J. ANDREWS	ABDULHADI M. AKHTAR MD	ANDJA009	CLS HEALTH	12/05/1940			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by RENAISSA	Adjustments	Remainder
09/27/23	99992	NO SHOW	50.00		0.00		50.00

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JESSICA S. ANDREWS
6507 BELL ST
HITCHCOCK, TX 77563-1969

(832)487-3569

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJE003	1
Guarantor	Due Date	Payment Due
JESSICA S.	Upon Receipt	296.77

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Date of Last Payment: 11/20/2024			Amount of Last Payment: -10.00	
Patient: JESSICA S. ANDREWS	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/15/23	99999	NO SHOW		25.00		0.00	25.00
09/20/23	99999	NO SHOW		25.00		0.00	25.00

Patient: JESSICA S. ANDREWS		Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968		
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by EVERCARE	Adjustments	Reminder

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/27/23	99991	NO SHOW		150.00		0.00	150.00

Patient: JESSICA S. ANDREWS		Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968		
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by EVERCARE	Adjustments	Reminder

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/16/23	99999	NO SHOW		25.00		0.00	25.00
09/27/23	99999	NO SHOW		25.00		0.00	25.00

Patient: JESSICA S. ANDREWS		Rendering Physician: LORRIE F. POOL APRN	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968		
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by CASH	Adjustments	Reminder

Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by EVERCARE	Adjustments	Reminder
			Modifier	Charge	Patient Deductible		
11/15/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-280.00	0.00	-172.00
11/06/23	99999	NO SHOW		25.00		0.00	25.00

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JESSICA S. ANDREWS
6507 BELL ST
HITCHCOCK, TX 77563-1969

(832)487-3569

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJE003	2
Guarantor	Due Date	Payment Due
JESSICA S.	Upon Receipt	296.77

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12/14/23	99999	NO SHOW	25.00	0.00	25.00
03/13/24	99999	NO SHOW	25.00	0.00	25.00

Patient: JESSICA S. ANDREWS	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CASH	Adjustments	Reminder
12/22/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-290.00	0.00	-285.00	-190.00
07/03/23	99999	NO SHOW		25.00		0.00		25.00

Patient: JESSICA S. ANDREWS	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CASH	Adjustments	Reminder
12/22/23	80307	Drug test prsmv chem analyzr		186.00		0.00	-124.00	62.00
12/22/23	G0483	Drug test def 22+ classes		741.00		0.00	-494.00	247.00

Patient: JESSICA S. ANDREWS	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDJE003	Place of Service: CLS HEALTH	Date of Birth: 12/06/1968
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Reminder
08/05/24	80307	Drug test prsmv chem analyzr		186.00		-23.30	-154.93	7.77

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JERRY W. ANDERSON
PO BOX 142
ALVIN, TX 77512-0142

(281)331-2215

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJE007	1
Guarantor	Due Date	Payment Due
JERRY W.	Upon Receipt	30.61

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Date of Last Payment: 10/15/2024	Amount of Last Payment: -80.92			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JERRY W. ANDERSON	GERARD ABREO MD	ANDJE007	CLS HEALTH	09/06/1937

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
01/06/24	93294	Rem interrog evl pm/ldls pm	GW	88.00		-23.13		-59.01
01/06/24	93296	Rem interrog evl pm/lds	GW	63.00		-16.68		-42.09
07/07/24	93294	Rem interrog evl pm/ldls pm	GW	88.00		-23.51		-58.53
07/07/24	93296	Rem interrog evl pm/lds	GW	63.00		-16.95		-41.75
04/06/24	93294	Rem interrog evl pm/ldls pm	GW	88.00		-23.51		-58.53
04/06/24	93296	Rem interrog evl pm/lds	GW	63.00		-16.95		-41.75

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JOSEPH M. ANDERSON
16326 BLACKHAWK BLVD
FRIENDSWOOD, TX 77546-3119

(832)314-6122

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJO002	1
Guarantor	Due Date	Payment Due
JOSEPH M.	Upon Receipt	29.61

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Date of Last Payment: 8/9/2024	Amount of Last Payment: -52.97
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Patient: JOSEPH M. ANDERSON	Rendering Physician: REGINA PILLAI MD	Chart Number: ANDJO002	Place of Service: CLS HEALTH	Date of Birth: 11/20/1972
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	UNITED		
06/02/21	99215	OFFICE VISIT EST/LEVEL 5	Q6	564.00	-75.00	-111.65		-452.35	-75.00

Patient: JOSEPH M. ANDERSON	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ANDJO002	Place of Service: CLS HEALTH	Date of Birth: 11/20/1972
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	UNITED		
07/21/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-140.00	-62.40		-375.60	-75.00

Patient: JOSEPH M. ANDERSON	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ANDJO002	Place of Service: CLS HEALTH	Date of Birth: 11/20/1972
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	COMMUNI		
04/19/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-40.00	0.00		-287.00	60.00
04/19/24	46600	Diagnostic anoscopy spx		353.00		0.00		-233.39	119.61

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JOHN W. ANDERSON
6259 W TRAIL DR
LEAGUE CITY, TX 77573-6881

(281)910-5940

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJO009	1
Guarantor	Due Date	Payment Due
JOHN W.	Upon Receipt	73.00

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Date of Last Payment: 6/17/2024				Amount of Last Payment: -39.73			
Patient: JOHN W. ANDERSON		Rendering Physician: VENKATA K. JONNA MD		Chart Number: ANDJO009		Place of Service: CLS HEALTH Date of Birth: 05/24/1951	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by USFHP	Adjustments Remainder
04/12/23	99203	OFFICE VIST NEW LEVEL 3	Q6	339.00		-79.82	-223.18 36.00
07/07/23	99213	OFFICE VISIT EST/LEVEL 3	Q6	272.00		-57.05	-178.95 36.00
Patient: JOHN W. ANDERSON				Rendering Physician: VENKATA K. JONNA MD		Chart Number: ANDJO009	
Place of Service: HOUSTON Date of Birth: 05/24/1951							
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by USFHP	Adjustments Remainder
04/17/23	27570	Fixation of knee joint	Q6	485.00	-36.00	-161.52	-323.48 -36.00
Patient: JOHN W. ANDERSON				Rendering Physician: MICHAEL A. MONMOUTH MD		Chart Number: ANDJO009	
Place of Service: CLS HEALTH Date of Birth: 05/24/1951							
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by USFHP	Adjustments Remainder
01/17/24	99213	OFFICE VISIT EST/LEVEL 3		274.00		-54.46	-182.54 37.00

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JUDITH L. ANDERSON
PO BOX 725
ALVIN, TX 77512-0725

(281)813-5936

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJU006	1
Guarantor	Due Date	Payment Due
JUDITH L.	Upon Receipt	11.64

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Date of Last Payment: 6/4/2024

Amount of Last Payment: -104.80

Patient: JUDITH L. ANDERSON	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ANDJU006	Place of Service: CLEAR LAKE	Date of Birth: 02/02/1969
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
05/01/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-52.40	-178.78	5.82
05/02/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-52.40	-178.78	5.82

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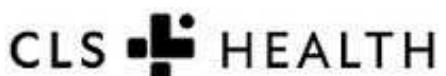
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Amount Due

11.64



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KARRINGTON T. ANDERSON
404 POPLAR ST
LA MARQUE, TX 77568-6325

(832)570-0695

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDKA000	1
Guarantor	Due Date	Payment Due
KARRINGTON T.	Upon Receipt	37.56

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Date of Last Payment: 11/30/2022

Amount of Last Payment: -112.38

Patient: KARRINGTON T.	Rendering Physician: MAHESWARY	Chart Number: ANDKA000	Place of Service: CLEAR LAKE	Date of Birth: 02/10/2000
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments	Remainder
09/28/21	99285	Emergency Room Observation Lv 5		548.00		-381.91	-145.41	20.68
09/29/21	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-67.50	-230.62	16.88

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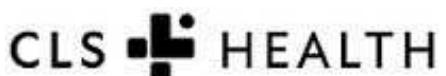
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Amount Due

37.56



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KATHRYN ANDERSON
184 W 4TH ST APT 4
NEW YORK, TX 10014-3882

(409)939-6550

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDKA006	1
Guarantor	Due Date	Payment Due
KATHRYN	Upon Receipt	121.77

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Date of Last Payment: 11/30/2023

Amount of Last Payment: 0.00

Patient: KATHRYN ANDERSON	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: ANDKA006	Place of Service: CLS HEALTH	Date of Birth: 06/01/1995
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by UNITED	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible				
10/23/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-50.00	-171.77	0.00	-331.23	121.77

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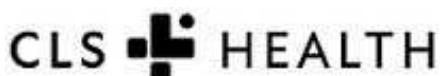
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Amount Due

121.77



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LAKESHIA D. ANDERSON
2605 REED RD APT 3121
HOUSTON, TX 77051-2567

(346)283-6194

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLA002	1
Guarantor	Due Date	Payment Due
LAKESHIA D.	Upon Receipt	25.00

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Date of Last Payment: 7/29/2022		Amount of Last Payment: -93.02				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
LAKESHIA D. ANDERSON	MAHMOOD DWEIK MD	ANDLA002	CLS HEALTH	05/31/1989		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible EVERCARE	Adjustments	Remainder
07/12/22	99999	NO SHOW	25.00	0.00		25.00

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LAVERNE M. ANDERSON
3401 MAGNOLIA ST APT 823
TEXAS CITY, TX 77590-4337

(281)630-8126

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLA003	1
Guarantor	Due Date	Payment Due
LAVERNE M.	Upon Receipt	27.78

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PO BOX 58538
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Date of Last Payment:	1/17/2024	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAVERNE M. ANDERSON	MOUSTAFA M. AHMED MD	ANDLA003	CLS HEALTH	10/10/1947

Dates	Procedure	Description	Paid By Applied to			Paid by WELLMED	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
10/23/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-27.00	-134.67	-333.98	7.35
10/02/23	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAVERNE M. ANDERSON	CATHERINE I. AGALA FNP-C	ANDLA003	CLS HEALTH	10/10/1947

Dates	Procedure	Description	Paid By Applied to			Paid by WELLMED	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
12/18/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-87.70	-274.93	-4.57

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Amount Due

27.78



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LARRY T. ANDREWS
607 WESTWOOD CIR
LA MARQUE, TX 77568-2001

(772)486-4836

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLA004	1
Guarantor	Due Date	Payment Due
LARRY T.	Upon Receipt	20.00

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Date of Last Payment: 10/25/2023

Amount of Last Payment: -16.88

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
LARRY T. ANDREWS	ROHIT R. DHIR MD	ANDLA004	CLS HEALTH	11/14/1942				
Dates	Procedure	Description	Modifier	Paid By BANKER	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Reminder
04/24/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-134.67	-14.35	-333.98	20.00

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20.00



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LESA B. ANDERSON
1120 FM 222 LOOP N
COLDSPRING, TX 77331-7308

(409)795-7340

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLE000	1
Guarantor	Due Date	Payment Due
LESA B.	Upon Receipt	13.61

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Date of Last Payment: 12/5/2024				Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LESA B. ANDERSON	ABDELNASER ELKHALILI MD	ANDLE000	CLS HEALTH	11/16/1962			
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments Remainder
01/11/24	99215	OFFICE VISIT EST/LEVEL 5	546.00		-121.24	-72.78	-388.37 -36.39
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LESA B. ANDERSON	ZEID F. KARADSHEH MD	ANDLE000	BAY AREA	11/16/1962			
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments Remainder
12/01/23	99999	NO SHOW	25.00		0.00	0.00	25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LESA B. ANDERSON	AMANDA G. JOHNSON NP	ANDLE000	CLS HEALTH	11/16/1962			
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments Remainder
02/15/24	99999	NO SHOW	25.00		0.00	0.00	25.00

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13.61



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LERITA ANDINO
8316 CHANNELSIDE ST
HOUSTON, TX 77012-2604

(832)549-2356

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLE001	1
Guarantor	Due Date	Payment Due
LERITA ANDINO	Upon Receipt	161.18

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Date of Last Payment: 9/19/2024				Amount of Last Payment: -55.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
LERITA ANDINO	ABDELNASER ELKHALILI MD	ANDLE001	CLS HEALTH	01/10/1965		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	Ambetter
04/27/21	99999	NO SHOW		25.00		0.00
						25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
LERITA ANDINO	ABDELNASER ELKHALILI MD	ANDLE001	CLS HEALTH	01/10/1965		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	Ambetter
08/17/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-61.60
08/17/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		-47.54
08/17/22	20610	Drain/inj joint/bursa w/o us	LT	204.00		-23.77
08/17/22	J3301	Triamcinolone acet inj nos		24.00		-5.16
11/08/23	99999	NO SHOW		25.00		0.00
						25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
LERITA ANDINO	MOUSTAFA M. AHMED MD	ANDLE001	CLS HEALTH	01/10/1965		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	Ambetter
09/21/22	72100	X-rayexam l-s spine 2/3 w/s		127.00	-12.69	-25.17
						-91.04
						-1.90
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
LERITA ANDINO	ABDELNASER ELKHALILI MD	ANDLE001	CLS HEALTH	01/10/1965		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	Ambetter

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LERITA ANDINO
8316 CHANNELSIDE ST
HOUSTON, TX 77012-2604

(832)549-2356

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLE001	2
Guarantor	Due Date	Payment Due
LERITA ANDINO	Upon Receipt	161.18

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09/19/24	20610	Drain/inj joint/bursa w/o us	LT	199.00	-64.11	0.00	-134.89	64.11
09/19/24	J3301	Triamcinolone acet inj nos		24.00	-8.24	0.00	-15.76	8.24

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Amount Due

161.18



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LISA S. ANDREWS
11207 BROOK MEADOW CT
HOUSTON, TX 77089-5330

(713)409-6377

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLI002	1
Guarantor	Due Date	Payment Due
LISA S.	Upon Receipt	75.00

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Date of Last Payment: 9/20/2022			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LISA S. ANDREWS		MOUSTAFA M. AHMED MD	ANDLI002	CLS HEALTH	09/06/1955
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by United
11/08/21	99999	NO SHOW	25.00		0.00
					0.00
					25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LISA S. ANDREWS		MOUSTAFA M. AHMED MD	ANDLI002	CLS HEALTH	09/06/1955
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by United
10/07/21	99999	NO SHOW	25.00		0.00
10/13/21	99999	NO SHOW	25.00		0.00
					0.00
					25.00
					25.00

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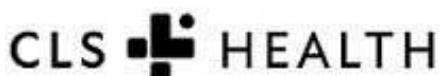
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75.00



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MARCO A. ANDRADE
3207 SUITER WAY
PASADENA, TX 77503-2151

(832)620-5360

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMA004	1
Guarantor	Due Date	Payment Due
MARCO A.	Upon Receipt	94.40

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Date of Last Payment: 12/9/2024		Amount of Last Payment: -7.23							
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
MARCO A. ANDRADE	BASHAR ZLEIK MD	ANDMA004	THE HEIGHTS	03/21/1951					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by MUTUAL	Adjustments	Remainder
04/17/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-94.40	-42.39	-10.57	-392.64	94.40

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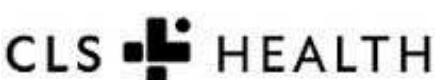
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Amount Due

94.40



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MARLA C. ANDERSON
2451 BAYCREST DR
HOUSTON, TX 77058-3701

(281)333-4935

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMA007	1
Guarantor	Due Date	Payment Due
MARLA C.	Upon Receipt	66.80

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Date of Last Payment: 10/18/2024					Amount of Last Payment: -13.04			
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:	
MARLA C. ANDERSON		MICHAEL A. MONMOUTH MD		ANDMA007	CLS HEALTH		09/29/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Paid by BLUE	Adjustments Remainder
09/27/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-7.54	-103.17	-26.32	-255.51 -7.54
Patient:					Place of Service:			
MARLA C. ANDERSON		MICHAEL A. MONMOUTH MD		ANDMA007	CLS HEALTH		09/29/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Paid by BLUE	Adjustments Remainder
06/21/23	73610	X-rayexam of ankle		112.00		-30.07	-6.14	-74.26 1.53
Patient:					Place of Service:			
MARLA C. ANDERSON		MICHAEL A. MONMOUTH MD		ANDMA007	HOUSTON		09/29/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Paid by BLUE	Adjustments Remainder
04/30/23	27822	Treatment of ankle fracture		2,691.0		-720.70	-147.08	-1,786.45 36.77
04/30/23	99222	1ST HOSP IP/OBS MODERATE 55	57	393.00		-105.21	-21.48	-260.95 5.36
Patient:					Place of Service:			
MARLA C. ANDERSON		VENKATA K. JONNA MD		ANDMA007	CLS HEALTH		09/29/1958	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by AETNA		Adjustments Remainder
01/12/24	73610	X-rayexam of ankle	Q6	109.00		-30.68	0.00	-78.32 30.68

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MCKAILEY P. ANDERSON
5159 DRY HOLLOW DR
ALVIN, TX 77511-1605

(832)385-0616

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMC000	1
Guarantor	Due Date	Payment Due
MCKAILEY P.	Upon Receipt	38.21

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Date of Last Payment: 6/9/2022

Amount of Last Payment: 0.00

Patient: MCKAILEY P. ANDERSON	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ANDMC000	Place of Service:	Date of Birth: 10/08/2005
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			AETNA
05/05/22	95806	Sleep study unatt&resp efft		288.00	-38.21	0.00	-249.79	38.21

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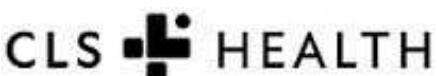
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Amount Due

38.21



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281-694-5986

MISTY D. ANDERSON
11806 FIELDCREST DR
LA PORTE, TX 77571-9312

(832)627-8660

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI000	1
Guarantor	Due Date	Payment Due
MISTY D.	Upon Receipt	149.99

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Date of Last Payment: 10/20/2023		Amount of Last Payment: -144.59		
Patient: MISTY D. ANDERSON	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANDMI000	Place of Service: CLS HEALTH	Date of Birth: 08/13/1983

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
05/03/21	99999	NO SHOW		25.00		0.00	25.00

Patient: MISTY D. ANDERSON	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANDMI000	Place of Service: CLS HEALTH	Date of Birth: 08/13/1983
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible	MEDICARE		
08/09/22	J2405	Ondansetron hcl injection		4.00		-0.26	-0.07	-3.70
09/06/22	99999	NO SHOW		25.00		0.00	0.00	25.00
09/14/22	J2405	Ondansetron hcl injection		4.00		-0.26	-0.06	-3.67
10/12/22	J2405	Ondansetron hcl injection		4.00		-0.26	-0.06	-3.67
11/09/22	99999	NO SHOW		25.00		0.00	0.00	25.00
02/02/23	99999	NO SHOW		25.00		0.00	0.00	25.00

Patient: MISTY D. ANDERSON	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ANDMI000	Place of Service: CLS HEALTH	Date of Birth: 08/13/1983
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible	MEDICARE		
11/29/22	99992	NO SHOW		50.00		0.00	0.00	50.00

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MISTY ANDERSON
727 DONCREST ST
CHANNELVIEW, TX 77530-3320

(325)205-0282

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI002	1
Guarantor	Due Date	Payment Due
MISTY	Upon Receipt	3996.30

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Date of Last Payment: 4/4/2024	Amount of Last Payment: 0.00
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Patient: MISTY ANDERSON	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDMI002	Place of Service: CLS HEALTH	Date of Birth: 12/07/1974
-----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	COMMUNI		
08/03/21	99204	OFFICE VIST NEW LEVEL 4	25	522.00	-175.00	-79.62	-442.38	-175.00
08/30/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00	-46.73	-357.27	-175.00
09/27/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00	-46.73	-357.27	-175.00
10/25/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00	-46.73	-357.27	-175.00
12/06/21	27096	Inject sacroiliac joint	RT	524.00	-225.00	-121.89	-402.11	-225.00
12/06/21	20611	Drain/inj joint/bursa w/us	RT	311.00	-63.70	-34.89	-276.11	-63.70

Patient: MISTY ANDERSON	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDMI002	Place of Service: CLS HEALTH	Date of Birth: 12/07/1974
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	COMMUNI		
03/29/22	99999	NO SHOW		25.00		0.00		25.00
04/21/22	99999	NO SHOW		25.00		0.00		25.00

Patient: MISTY ANDERSON	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ANDMI002	Place of Service: CLS HEALTH	Date of Birth: 12/07/1974
-----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	COMMUNI		
01/04/22	99999	NO SHOW		25.00		0.00		25.00

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MISTY ANDERSON
727 DONCREST ST
CHANNELVIEW, TX 77530-3320

(325)205-0282

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI002	2
Guarantor	Due Date	Payment Due
MISTY	Upon Receipt	3996.30

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Patient: MISTY ANDERSON	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDMI002	Place of Service: CLS HEALTH	Date of Birth: 12/07/1974
-----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			COMMUNI
06/20/22	63650	Implant neuroelectrodes		15,106.	-160.00	0.00	-10,071.00	4,875.00
06/20/22	99070	Special supplies phys/qhp		10.00		0.00		10.00

Patient: MISTY ANDERSON	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ANDMI002	Place of Service: CLS HEALTH	Date of Birth: 12/07/1974
-----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/20/23	99999	NO SHOW		25.00		0.00	25.00

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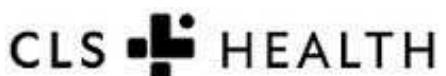
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3,996.30



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MICHAEL J. ANDERSON
206 CIVIL DR
LEAGUE CITY, TX 77573-3423

(281)667-6351

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI003	1
Guarantor	Due Date	Payment Due
MICHAEL J.	Upon Receipt	135.04

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Amount of Last Payment: -15.35

Patient: MICHAEL J. ANDERSON	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ANDMI003	Place of Service: UTMB	Date of Birth: 11/01/1958
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By AI	Applied to Charge	Paid by Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
11/23/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00			-163.43	-411.52	41.05

Patient: MICHAEL J. ANDERSON	Rendering Physician: NISARG PATEL MD	Chart Number: ANDMI003	Place of Service: UTMB	Date of Birth: 11/01/1958
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By AI	Applied to Charge	Paid by Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
11/24/21	99239	HOSPITAL DISCHARGE, LONG		327.00		-93.99	-15.35	-217.66	93.99

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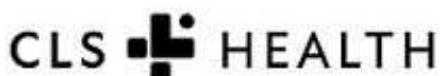
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Amount Due

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MICHAEL D. ANDERSON
12596 FLEET RIVER RD
HOUSTON, TX 77047-2210

(832)405-2655

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI004	1
Guarantor	Due Date	Payment Due
MICHAEL D.	Upon Receipt	170.34

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL D. ANDERSON	MAHMOOD DWEIK MD	ANDMI004		06/12/1985
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
01/17/22	95806	Sleep study unatt&resp efft	288.00	-170.34
				0.00
				-117.66
				170.34

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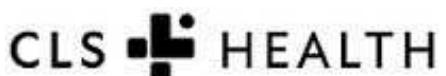
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Amount Due

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MICHAEL D. ANDERSON
2405 34TH AVE N
TEXAS CITY, TX 77590-3846

(307)689-6942

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI006	1
Guarantor	Due Date	Payment Due
MICHAEL D.	Upon Receipt	49.66

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Date of Last Payment: 12/5/2024		Amount of Last Payment: -119.95		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHAEL D. ANDERSON	MAAMOUN A. HARMOUCH	ANDMI006	HOUSTON	11/24/1981
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by UNITED
02/21/23	49592	Rpr aa hrn 1st < 3 ncr/strn	1,501.0	-893.98
				-557.36
				49.66

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NATHAN Z. ANDREWS
2320 WHISPERING OAKS ST
PEARLAND, TX 77581-4566

(713)437-2888

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDNA001	1
Guarantor	Due Date	Payment Due
NATHAN Z.	Upon Receipt	271.56

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Date of Last Payment: 9/10/2024	Amount of Last Payment: -30.00
---------------------------------	--------------------------------

Patient: NATHAN Z. ANDREWS	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANDNA001	Place of Service: CLS HEALTH	Date of Birth: 12/18/1977
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By Applied to		Paid by BLUE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible		
02/18/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-76.43	-293.57 -10.00
08/26/22	J7325	Synvisc or synvisc-one		992.00	-9.37	-315.40	-597.76 69.47
09/06/22	99999	NO SHOW		25.00		0.00	25.00
09/13/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-14.29	-42.69	-210.31 15.71
09/13/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		-45.36	-147.30 11.34
09/13/22	20610	Drain/inj joint/bursa w/o us	LT	204.00		-22.68	-175.65 5.67
09/13/22	J7325	Synvisc or synvisc-one		992.00		-277.51	-645.12 69.37
09/23/22	99999	NO SHOW		25.00		0.00	25.00

Patient: NATHAN Z. ANDREWS	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANDNA001	Place of Service: CLS HEALTH	Date of Birth: 12/18/1977
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Dates	Procedure	Description	Paid By Applied to		Paid by BLUE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible		
05/19/22	73565	X-rayexam of knees		129.00	-20.00	-30.46	-98.54 -20.00

Patient: NATHAN Z. ANDREWS	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ANDNA001	Place of Service: ST.LUKE'S	Date of Birth: 12/18/1977
--------------------------------------	--	----------------------------------	---------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By Applied to		Paid by BLUE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible		
06/01/22	99220	Observation, Initial - High Severity		550.00	-6.38	-36.38 -145.52	-368.10 30.00

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NATHAN Z. ANDREWS
2320 WHISPERING OAKS ST
PEARLAND, TX 77581-4566

(713)437-2888

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDNA001	2
Guarantor	Due Date	Payment Due
NATHAN Z.	Upon Receipt	271.56

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Patient: NATHAN Z. ANDREWS	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: ANDNA001	Place of Service: CLS HEALTH	Date of Birth: 12/18/1977
--------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
08/04/23	99215	OFFICE VISIT EST/LEVEL 5		540.00	-35.00	-91.21	-418.79	-5.00
11/08/23	99215	OFFICE VISIT EST/LEVEL 5		540.00		-91.21	-418.79	30.00
02/08/24	99999	NO SHOW		25.00		0.00		25.00

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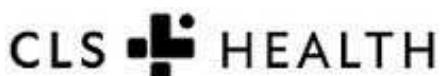
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271.56



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NATHANAEL R. ANDERSON
2805 CEDAR RIDGE TRL
FRIENDSWOOD, TX 77546-5031

(832)607-9830

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDNA002	1
Guarantor	Due Date	Payment Due
NATHANAEL R.	Upon Receipt	125.98

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NATHANAEL R. ANDERSON	ROBERT A. DARLING MD	ANDNA002	CLS HEALTH	03/30/1981
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
08/16/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-125.98 0.00
				-377.02 125.98

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NICOL K. ANDERSON
901 N NOBLE RD
TEXAS CITY, TX 77591-3109

(346)282-2030

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDNI000	1
Guarantor	Due Date	Payment Due
NICOL K.	Upon Receipt	104.39

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Date of Last Payment: 12/6/2024	Amount of Last Payment: -226.77
---------------------------------	---------------------------------

Patient: NICOL K. ANDERSON	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ANDNI000	Place of Service: UTMB	Date of Birth: 07/19/1979
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
04/05/22	99291	CRITICAL CARE 1ST HOUR		672.00		-164.72	-465.68	41.60
04/05/22	99292	CRITICAL CARE, 30 MIN		338.00		-82.70	-234.42	20.88

Patient: NICOL K. ANDERSON	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ANDNI000	Place of Service: UTMB	Date of Birth: 07/19/1979
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
04/06/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-81.74	-212.62	20.64
04/07/22	99239	HOSPITAL DISCHARGE, LONG		324.00		-84.24	-218.49	21.27

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PATRICK S. ANDERSON
14655 PRESIDENTS DR W
HOUSTON, TX 77047-6757

(713)738-1333

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPA002	1
Guarantor	Due Date	Payment Due
PATRICK S.	Upon Receipt	47.37

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Date of Last Payment: 11/10/2021			Amount of Last Payment: -38.63		
Patient: PATRICK S. ANDERSON	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ANDPA002	Place of Service: ENCOMPASS	Date of Birth: 04/14/1957	

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Applied to	Paid by	Adjustments		Remainder
				Charge	AETNA						
08/16/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-8.14	-16.88	-67.50		-233.62	8.74	

Patient: PATRICK S. ANDERSON			Rendering Physician: FARRAH ALI FNP-C			Chart Number: ANDPA002		Place of Service: ENCOMPASS		Date of Birth: 04/14/1957	
Dates	Procedure	Description	Modifier	Charge	Paid By	Patient Deductible	Applied to	Paid by	Adjustments	Remainder	

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Applied to	Paid by	Adjustments		Remainder
				Charge	AETNA						
08/17/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-14.34	-57.38		-246.28	14.34	
08/19/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-14.34	-57.38		-246.28	14.34	
08/21/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-9.95	-39.82		-171.23	9.95	

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PHILLIP C. ANDREWS
7807 MELODY LN
DICKINSON, TX 77539-7409

(214)755-2673

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPH000	1
Guarantor	Due Date	Payment Due
PHILLIP C.	Upon Receipt	208.00

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Date of Last Payment: 10/7/2024					Amount of Last Payment: -90.65		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
PHILLIP C. ANDREWS		MAHMOOD DWEIK MD		ANDPH000	AMERICAN	12/04/1954	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by UNITED	Adjustments Remainder
03/30/22	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-58.17	-177.73	-375.27 -48.17
Patient:					Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS		ROHIT R. DHIR MD		ANDPH000	CLS HEALTH	12/04/1954	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments Remainder
02/28/23	51798	Us urine capacity measure		32.00		0.00	-21.21 10.79
08/01/23	51798	Us urine capacity measure		32.00		0.00	-20.94 11.06
08/06/24	51798	Us urine capacity measure		34.00		0.00	-22.51 11.49
Patient:					Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS		MAZEN NOUREDDIN MD		ANDPH000	CLS HEALTH	12/04/1954	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments Remainder
04/19/24	76981	Use parenchyma		311.00	-15.00	0.00	-228.17 67.83
Patient:					Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS		MAZEN NOUREDDIN MD		ANDPH000	CLS HEALTH	12/04/1954	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments Remainder
07/03/24	99205	OFFICE VIST NEW LEVEL 5		669.00		-197.73	-446.27 25.00

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PHILLIP C. ANDREWS
7807 MELODY LN
DICKINSON, TX 77539-7409

(214)755-2673

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPH000	2
Guarantor	Due Date	Payment Due
PHILLIP C.	Upon Receipt	208.00

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Patient: **PHILLIP C. ANDREWS** Rendering Physician: **JOSE S. MONTELONGO DO** Chart Number: **ANDPH000** Place of Service: **CLS HEALTH** Date of Birth: **12/04/1954**

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			WELL MED
09/12/24	93925	Lower extremity study		716.00	-20.00	-90.65	-475.35	130.00

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281-694-5986

PHYLLIS A. ANDERSON
2622 SHARK CIR
TEXAS CITY, TX 77591-4183

(409)939-1153

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPH002	1
Guarantor	Due Date	Payment Due
PHYLLIS A.	Upon Receipt	141.28

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Date of Last Payment:	8/12/2022	Amount of Last Payment:	-70.52
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHYLLIS A. ANDERSON	OMAR ALBUSTAMI MD	ANDPH002	UTMB	09/20/1954

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
05/26/22	99226	Subsequent observation care		311.00	-20.42	-80.88	-209.70	20.42
05/27/22	99226	Subsequent observation care		311.00	-20.42	-80.88	-209.70	20.42
05/28/22	99217	OBSERVATION DISCHARGE		220.00	-14.46	-57.24	-148.30	14.46

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHYLLIS A. ANDERSON	FARRAH ALI FNP-C	ANDPH002	BAYWIND	09/20/1954

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
05/30/22	99306	Nursing Home Initial Visit Level 3		507.00		-111.99	-366.73	28.28
06/01/22	99316	Nursing fac discharge day		319.00		-70.52	-230.67	17.81

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHYLLIS A. ANDERSON	KAREEM GADELMOLA MD	ANDPH002	UTMB	09/20/1954

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
08/20/22	99223	INITIAL HOSPITAL/HIGH		609.00		-159.31	-409.80	39.89

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POLORES ANDERSON
PO BOX 1102
ALIEF, TX 77411-1102

(346)309-6219

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPO000	1
Guarantor	Due Date	Payment Due
POLORES	Upon Receipt	150.00

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Date of Last Payment: 1/18/2024		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
POLORES ANDERSON	HEENA S. AHMED MD	ANDPO000	CLS HEALTH	08/29/1962
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
12/28/23	99991	NO SHOW	150.00	0.00
				Adjustments Remainder
				150.00

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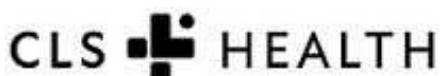
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Amount Due

150.00



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REBECCA S. ANDRES
1309 CACTUS ST
BAYTOWN, TX 77521-3505

(832)629-9080

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDRE000	1
Guarantor	Due Date	Payment Due
REBECCA S.	Upon Receipt	35.00

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Date of Last Payment: 2/13/2023		Amount of Last Payment: -236.70		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
REBECCA S. ANDRES	VENKATA K. JONNA MD	ANDRE000	CLS HEALTH	05/27/1952
Dates Procedure Description Paid By Applied to Paid by				
		Modifier Charge	Patient Deductible	HUMANA
06/27/22	73565	X-ray exam of knees	129.00	-5.87
				-88.13 35.00

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35.00



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REBEKAH ANDREWS
37 PRAIRIE OAKS DR
SANTA FE, TX 77510-8129

(409)770-3044

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDRE001	1
Guarantor	Due Date	Payment Due
REBEKAH	Upon Receipt	257.98

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Date of Last Payment: 10/18/2024

Amount of Last Payment: 0.00

Patient: REBEKAH ANDREWS	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: ANDRE001	Place of Service: CLS HEALTH	Date of Birth: 12/11/1980
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder
08/29/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-90.00	0.00	-199.31	-17.31

Patient: REBEKAH ANDREWS	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: ANDRE001	Place of Service: CLS HEALTH	Date of Birth: 12/11/1980
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder
08/29/23	80307	Drug test prsmv chem analyzr		186.00	-35.56	0.00	-150.44	35.56
12/12/23	80307	Drug test prsmv chem analyzr		186.00	-35.56	0.00	-150.44	35.56
12/12/23	G0483	Drug test def 22+ classes		741.00	-135.81	0.00	-605.19	135.81
06/11/24	80307	Drug test prsmv chem analyzr		186.00	-34.18	0.00	-151.82	34.18
09/10/24	80307	Drug test prsmv chem analyzr		186.00	-34.18	0.00	-151.82	34.18

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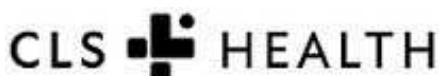
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Amount Due

257.98



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RICO N. ANDREWS
18607 CANDLEVIEW DR
SPRING, TX 77388-5865

(832)503-0237

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDRI001	1
Guarantor	Due Date	Payment Due
RICO N.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RICO N. ANDREWS	MAHMOOD DWEIK MD	ANDRI001	CLS HEALTH	06/29/2012
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/17/21	99999	NO SHOW	25.00	Paid by AETNA
				Adjustments Remainder
				25.00

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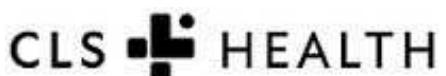
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Amount Due

25.00



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RICHARD ANDERSON
3538 PRAIRIE DR
DICKINSON, TX 77539-9316

(281)337-6393

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDRI002	1
Guarantor	Due Date	Payment Due
RICHARD	Upon Receipt	10.00

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Date of Last Payment: 6/6/2022

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
RICHARD ANDERSON	MOUSTAFA M. AHMED MD	ANDRI002	CLS HEALTH	05/27/1952					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
03/28/22	99070	Special supplies phys/qhp		10.00		0.00	0.00		10.00

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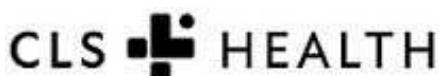
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Amount Due

10.00



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ROSILYNN D. ANDREWS
3419 GOLDEN CYPRESS LN
PEARLAND, TX 77584-0511

(832)270-5990

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDRO018	1
Guarantor	Due Date	Payment Due
ROSILYNN D.	Upon Receipt	162.40

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Date of Last Payment: 12/10/2024

Amount of Last Payment: -374.14

Patient: ROSILYNN D. ANDREWS	Rendering Physician: JOANNA SCOOON MD	Chart Number: ANDRO018	Place of Service: CLS HEALTH	Date of Birth: 03/22/1974
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder	
05/02/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-42.65	-205.05	0.00	-463.95	162.40

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162.40



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SANDRA D. ANDREWS
2211 34TH ST N APT 1304
TEXAS CITY, TX 77590-6581

(409)457-3516

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSA006	1
Guarantor	Due Date	Payment Due
SANDRA D.	Upon Receipt	136.34

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Date of Last Payment: 7/26/2024			Amount of Last Payment: -25.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SANDRA D. ANDREWS		KAREEM GADELMOLA MD	ANDSA006	UTMB	10/22/1962
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
02/26/24	99223	1ST HOSP IP/OBS HIGH 75	521.00	-25.00	-161.34
					0.00
					-359.66
					136.34

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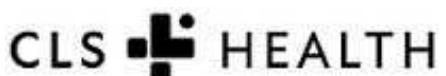
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Amount Due

136.34



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SHEILA R. ANDERSON
5000 WATKINS WAY APT 313
FRIENDSWOOD, TX 77546-8116

(832)453-0204

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSH000	1
Guarantor	Due Date	Payment Due
SHEILA R.	Upon Receipt	25.00

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Date of Last Payment: 12/6/2024		Amount of Last Payment: -280.49					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SHEILA R. ANDERSON	MAHMOOD DWEIK MD	ANDSH000	CLS HEALTH	07/22/1968			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Remainder
07/14/23	99999	NO SHOW	25.00		0.00		25.00

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

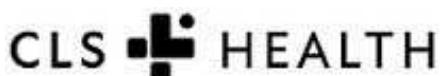
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Amount Due

25.00



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SHARON V. ANDERSON
1930 KINGSLEY DR APT 3105
PEARLAND, TX 77584-3771

(813)789-4193

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSH001	1
Guarantor	Due Date	Payment Due
SHARON V.	Upon Receipt	45.00

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Date of Last Payment: 9/22/2022		Amount of Last Payment: -45.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHARON V. ANDERSON	ZULFIQAR CHEEMA MD	ANDSH001		05/18/1953
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible RENAISSA
05/27/22	99213	OFFICE VISIT EST/LEVEL 3	283.00	-43.21
				-194.79 45.00

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Amount Due

45.00



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SHIRLEY ANDERS
7302 AVENUE P 1/2 APT 1117
GALVESTON, TX 77551-1160

(409)543-0859

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSH002	1
Guarantor	Due Date	Payment Due
SHIRLEY	Upon Receipt	110.62

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 12/17/2024	Amount of Last Payment: -21.92
----------------------------------	--------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:						
SHIRLEY ANDERS	MOUSTAFA M. AHMED MD	ANDSH002	CLS HEALTH	06/02/1960						
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Paid by	Adjustments	Reminder
03/12/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-101.14	0.00	-260.06	25.80	
05/09/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-102.81	0.00	-257.96	26.23	
06/06/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-102.81	0.00	-257.96	26.23	

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
SHIRLEY ANDERS	LORRIE F. POOL APRN	ANDSH002	CLS HEALTH	06/02/1960					
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Reminder
04/11/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-83.02		-282.80	21.18

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
SHIRLEY ANDERS	MOUSTAFA M. AHMED MD	ANDSH002	CLS HEALTH	06/02/1960					
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Reminder
06/06/24	G0659	Drug test def simple all cl		186.00		-21.92		-158.49	5.59
10/25/24	80307	Drug test prsmv chem analyzr		186.00		-21.92		-158.49	5.59

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Amount Due

110.62



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SVETO ANDRICH
7600 EMMETT F LOWRY EXPY
TEXAS CITY, TX 77591-2442

(409)599-6630

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSV001	1
Guarantor	Due Date	Payment Due
SVETO ANDRICH	Upon Receipt	14.74

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Date of Last Payment: 2/12/2024			Amount of Last Payment: -30.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SVETO ANDRICH		JACK A. SASIENE DPM	ANDSV001	CLS HEALTH	05/08/1935		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE		
02/12/24	11721	Debride nail 6 or more	Q8	134.00 -30.00 -44.74	0.00	-89.26	14.74
				Adjustments		Remainder	

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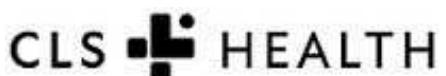
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Amount Due

14.74



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THOMAS O. ANDERSON
11811 GARWOOD DR
MAGNOLIA, TX 77354-1373

(713)828-6358

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDTH003	1
Guarantor	Due Date	Payment Due
THOMAS O.	Upon Receipt	11.06

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Date of Last Payment: 7/24/2023			Amount of Last Payment: -40.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
THOMAS O. ANDERSON		ROHIT R. DHIR MD	ANDTH003	CLS HEALTH	12/14/1946
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED
07/24/23	51798	Us urine capacity measure	Q6	32.00	0.00
					-20.94 11.06
			Adjustments Remainder		

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11.06



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TORRE E. ANDERSON
2731 DRY CREEK DR
MISSOURI CITY, TX 77459-2086

(323)649-3253

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDTO001	1
Guarantor	Due Date	Payment Due
TORRE E.	Upon Receipt	342.07

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Date of Last Payment: 11/16/2023					Amount of Last Payment: 0.00				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
TORRE E. ANDERSON		ROHIT R. DHIR MD		ANDTO001		CLS HEALTH		09/13/1982	
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible AETNA Adjustments Remainder									
07/17/23	99204	OFFICE VIST NEW LEVEL 4	Q6	503.00	-20.00	-138.95	0.00	-364.05	118.95
12/13/23	99992	NO SHOW	Q6	50.00			0.00		50.00
Patient:					Place of Service:				
TORRE E. ANDERSON		ROHIT R. DHIR MD		ANDTO001		CLS HEALTH		09/13/1982	
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible AETNA Adjustments Remainder									
08/28/23	99214	OFFICE VISIT EST/LEVEL 4	GT	385.00	-20.00	-106.56	0.00	-278.44	86.56
Patient:					Place of Service:				
TORRE E. ANDERSON		ABDULHADI M. AKHTAR MD		ANDTO001		CLS HEALTH		09/13/1982	
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible AETNA Adjustments Remainder									
10/23/23	99214	OFFICE VISIT EST/LEVEL 4	GT	385.00	-20.00	-106.56	0.00	-278.44	86.56

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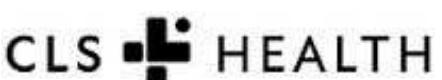
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Amount Due

342.07



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Webster, TX 77598
281-694-5986

TRACI M. ANDERSON
16635 TIBET RD
FRIENDSWOOD, TX 77546-4143

(713)726-6309

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDTR000	1
Guarantor	Due Date	Payment Due
TRACI M.	Upon Receipt	68.92

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Date of Last Payment: 1/12/2024					Amount of Last Payment: 0.00			
Patient: TRACI M. ANDERSON		Rendering Physician: MOUSTAFA M. AHMED MD		Chart Number: ANDTR000		Place of Service: CLS HEALTH		Date of Birth: 12/20/1969
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Remainder
09/30/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-11.44	-74.86	-315.93	1.77
11/05/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-11.44	-88.07	-315.93	-11.44
12/14/21	99999	NO SHOW		25.00		0.00		25.00
Patient: TRACI M. ANDERSON		Rendering Physician: MAHMOOD DWEIK MD		Chart Number: ANDTR000		Place of Service: CLS HEALTH		Date of Birth: 12/20/1969
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Remainder
07/01/21	99999	NO SHOW		25.00		0.00		25.00
Patient: TRACI M. ANDERSON		Rendering Physician: MAHMOOD DWEIK MD		Chart Number: ANDTR000		Place of Service: CLS HEALTH		Date of Birth: 12/20/1969
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Remainder
09/23/21	95806	Sleep study unatt&resp efft	26	155.00	-9.32	-52.80	-92.88	9.32
Patient: TRACI M. ANDERSON		Rendering Physician: MAHMOOD DWEIK MD		Chart Number: ANDTR000		Place of Service: CLS HEALTH		Date of Birth: 12/20/1969
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments	Remainder
10/27/21	95811	Polysom 6/yr capap 4/parm	26	393.00	-19.27	-109.22	-264.51	19.27

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TRAVIS ANDERSON
3905 PRIMROSE PATH
DEER PARK, TX 77536-6626

(832)707-0695

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDTR001	1
Guarantor	Due Date	Payment Due
TRAVIS	Upon Receipt	50.00

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Date of Last Payment:	10/17/2024	Amount of Last Payment:	-22.40
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Patient: TRAVIS ANDERSON	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ANDTR001	Place of Service: CLS HEALTH	Date of Birth: 03/27/1992
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
12/19/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-50.00	-42.60	-302.40	-10.00

Patient: TRAVIS ANDERSON	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ANDTR001	Place of Service: CLS HEALTH	Date of Birth: 03/27/1992
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
02/12/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-10.00	-20.20	-326.80	30.00
04/15/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-10.00	-42.60	-304.40	30.00

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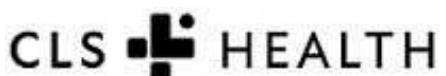
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WILLIAM ANDERSON
1838 HUGE OAKS ST
HOSUTON, TX 77055-2025

(713)973-2039

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDWI002	1
Guarantor	Due Date	Payment Due
WILLIAM	Upon Receipt	80.00

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Date of Last Payment: 8/21/2024		Amount of Last Payment: -20.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILLIAM ANDERSON	ABDULHADI M. AKHTAR MD	ANDWI002	CLS HEALTH	12/03/1942
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible WELCARE
01/17/24	76872	Us transrectal	412.00	-116.77
				Adjustments Remainder
				-215.23 80.00

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WILLIAM A. ANDREWS
6312 STONEY CREEK DR
PASADENA, TX 77503-1118

(832)891-2148

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDWI003	1
Guarantor	Due Date	Payment Due
WILLIAM A.	Upon Receipt	284.54

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Date of Last Payment:	1/31/2024	Amount of Last Payment:	-96.12	
Patient: WILLIAM A. ANDREWS	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ANDWI003	Place of Service: CLEAR LAKE	Date of Birth: 10/23/1957

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
12/04/23	99222	1ST HOSP IP/OBS MODERATE 55		393.00		-105.21		-260.95 26.84
12/06/23	35301	Rechanneling of artery	RT	3,412.0		-914.07		-2,264.75 233.18
12/07/23	99233	SBSQ HOSP IP/OBS HIGH 50	24	357.00		-96.12		-236.36 24.52

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MARK G. ANENBERG
715 W CLEVELAND ST
ALVIN, TX 77511-2724

(281)607-6535

Statement Date	Invoice Number	Page
02/10/2025	CLS ANEMA000	1
Guarantor	Due Date	Payment Due
MARK G.	Upon Receipt	195.26

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Date of Last Payment: 7/28/2023				Amount of Last Payment: -115.95				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:
MARK G. ANENBERG		NISARG PATEL MD		ANEMA000		UTMB		04/21/1970
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Adjustments	Remainder
05/14/22	99223	INITIAL HOSPITAL/HIGH	AI	609.00	-40.63	-163.03	-405.34	40.63
Patient:				Rendering Physician:				Date of Birth:
MARK G. ANENBERG		UGOCHI A. ARISUKWU NP		ANEMA000		CLEAR LAKE		04/21/1970
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Adjustments	Remainder
03/17/23	99222	1ST HOSP IP/OBS MODERATE 55		393.00		-89.43	-280.76	22.81
03/20/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.70	-256.46	20.84
03/21/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-54.31	-170.83	13.86
Patient:				Rendering Physician:				Date of Birth:
MARK G. ANENBERG		UGOCHI A. ARISUKWU NP		ANEMA000		CLEAR LAKE		04/21/1970
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Adjustments	Remainder
03/22/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-54.31	-170.83	13.86
03/23/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-54.31	-170.83	13.86
03/24/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-54.31	-170.83	13.86
03/25/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-54.31	-170.83	13.86
03/26/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.70	-256.46	20.84
03/27/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.70	-256.46	20.84

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JUANA H. ANFOSO VILLANUEVA
9407 CAMARGO CT
HOUSTON, TX 77074-2415

(832)846-2034

Statement Date	Invoice Number	Page
02/10/2025	CLS ANFJU000	1
Guarantor	Due Date	Payment Due
JUANA H.	Upon Receipt	42.53

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Date of Last Payment: 2/15/2024	Amount of Last Payment: 0.00
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Patient: JUANA H. ANFOSO	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ANFJU000	Place of Service: CLS HEALTH	Date of Birth: 06/24/1977
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by UNITED	Adjustments		Remainder
				Charge	Applied to					
01/18/24	99204	OFFICE VIST NEW LEVEL 4		507.00	-106.00	-127.40	0.00		-379.60	21.40
01/18/24	51798	Us urine capacity measure	59	34.00		-19.25	0.00		-14.75	19.25
01/18/24	81003	Urinalysis auto w/o scope	QW	7.00		-1.88	0.00		-5.12	1.88

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Statement Date	Invoice Number	Page
02/10/2025	CLS ANGAN001	1
Guarantor	Due Date	Payment Due
ANGIE M. ANGER	Upon Receipt	41.05

ANGIE M. ANGER
8731 BEECHAVEN RD
LA PORTE, TX 77571-3709

(832)284-1987

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient: ANGIE M. ANGER	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ANGAN001	Place of Service: BAYSHORE	Date of Birth: 08/28/1937	
			Paid By Applied to Patient Deductible	Paid by MEDICARE	
Dates	Procedure	Description	Modifier	Charge	Adjustments Remainder
02/09/21	99223	INITIAL HOSPITAL/HIGH	A1	616.00	-41.05 -164.19 -410.76 41.05

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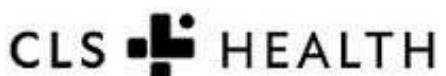
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Amount Due

11.05



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CHANCE ANGEL
3823 E CEDAR BAYOU LYNCHBURG R
BAYTOWN, TX 77521-9121

(281)794-1637

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGCH000	1
Guarantor	Due Date	Payment Due
CHANCE ANGEL	Upon Receipt	21.94

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Date of Last Payment: 10/25/2021

Amount of Last Payment: 0.00

Patient: CHANCE ANGEL	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ANGCH000	Place of Service: CLS HEALTH	Date of Birth: 12/11/1980
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
08/11/21	99204	OFFICE VIST NEW LEVEL 4		522.00	-28.06	-161.03	-360.97	-28.06
10/05/21	99992	NO SHOW		50.00		0.00		50.00

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CHRISTY C. ANG
16718 SCHOONERS WAY
FRIENDSWOOD, TX 77546-2342

(832)692-1184

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGCH001	1
Guarantor	Due Date	Payment Due
CHRISTY C. ANG	Upon Receipt	491.65

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Date of Last Payment: 6/20/2024			Amount of Last Payment: 0.00		
Patient: CHRISTY C. ANG	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ANGCH001	Place of Service: CLS HEALTH	Date of Birth: 10/03/1978	

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
10/19/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-84.72	-124.95	-504.05	-49.72

Patient: CHRISTY C. ANG			Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ANGCH001	Place of Service: BAYSHORE	Date of Birth: 10/03/1978		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
10/31/23	57425	LAPAROSCOPY SURG COLPOPEXY		2,981.0		-615.30	-2,160.60	205.10
10/31/23	58571	TLH W/T/O 250 G OR LESS		2,785.0		-317.89	-2,361.75	105.36
10/31/23	57260	Cmbn ant pst colphry		2,392.0		-248.85	-2,060.20	82.95
10/31/23	57288	Repair bladder defect		2,275.0		-261.45	-1,926.40	87.15

Patient: CHRISTY C. ANG			Rendering Physician: JIRIES S. DAHU MD	Chart Number: ANGCH001	Place of Service: BAYSHORE	Date of Birth: 10/03/1978		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	UNITED		
11/01/23	99223	1ST HOSP IP/OBS HIGH 75		523.00		-118.39	-365.15	39.46
11/02/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00		-64.05	-259.60	21.35

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Amount Due

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CLIFFORD W. ANGEL
1425 CROWN ST
GALENA PARK, TX 77547-2533

(832)840-1164

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGCL000	1
Guarantor	Due Date	Payment Due
CLIFFORD W.	Upon Receipt	352.72

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Date of Last Payment: 10/11/2022	Amount of Last Payment: -47.03			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CLIFFORD W. ANGEL	FARRAH ALI FNP-C	ANGCL000	THE	04/22/1953

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/10/22	99306	Nursing Home Initial Visit Level 3	GW	507.00			-113.72	-364.56	28.72
05/17/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
05/24/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
05/31/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/02/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/06/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/09/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/14/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/16/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/28/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
06/30/22	99308	Nursing fac care subseq	GW	212.00			-47.51	-152.49	12.00
07/05/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
07/07/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
07/12/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
07/14/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
07/19/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
07/26/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
07/28/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
08/02/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
08/04/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
08/09/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
08/11/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
08/16/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00
08/18/22	99308	Nursing fac care subseq	GW	212.00			-47.03	-152.97	12.00

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CLIFFORD W. ANGEL
1425 CROWN ST
GALENA PARK, TX 77547-2533

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Statement Date	Invoice Number	Page
02/10/2025	CLS ANGCL000	2
Guarantor	Due Date	Payment Due
CLIFFORD W.	Upon Receipt	352.72

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08/23/22	99308	Nursing fac care subseq	GW	212.00	-47.03	-152.97	12.00
08/25/22	99308	Nursing fac care subseq	GW	212.00	-47.03	-152.97	12.00
08/30/22	99308	Nursing fac care subseq	GW	212.00	-47.03	-152.97	12.00
09/06/22	99308	Nursing fac care subseq	GW	212.00	-47.03	-152.97	12.00

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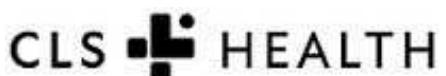
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Amount Due

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FELIX I. ANGEL
6511 ACORN CT
PEARLAND, TX 77584-7006

(832)646-9025

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGFE000	1
Guarantor	Due Date	Payment Due
FELIX I. ANGEL	Upon Receipt	877.60

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Date of Last Payment:	Amount of Last Payment:
Patient: FELIX I. ANGEL	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
04/06/21	99220	Observation, Initial - High Severity	57	559.00		0.00	-372.69	186.31
04/06/21	47562	Laparoscopic cholecystectomy		2,074.0		0.00	-1,382.71	691.29

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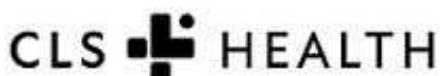
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JESSICA M. ANGUIANO
330 ENCINO AVE
ALVIN, TX 77511-1210

(409)333-9614

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGJE000	1
Guarantor	Due Date	Payment Due
JESSICA M.	Upon Receipt	329.50

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Date of Last Payment: 9/2/2022

Amount of Last Payment: 0.00

Patient: JESSICA M. ANGUIANO	Rendering Physician: ALI EZZO MD	Chart Number: ANGJE000	Place of Service: UTMB	Date of Birth: 12/22/1976
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder
07/14/22	99220	Observation, Initial - High Severity		550.00		0.00	-366.64	183.36

Patient: JESSICA M. ANGUIANO	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ANGJE000	Place of Service: UTMB	Date of Birth: 12/22/1976
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder
07/15/22	99225	Subsequent observation care		218.00		0.00	-145.30	72.70
07/16/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-146.56	73.44

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KATERI ANGEL-WILLIAMS
903 RESEDA DR
HOUSTON, TX 77062-5106

(281)686-3552

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGKA000	1
Guarantor	Due Date	Payment Due
KATERI ANGEL-	Upon Receipt	284.08

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Date of Last Payment: 11/21/2024

Amount of Last Payment: 0.00

Patient: KATERI ANGEL-WILLIAMS	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANGKA000	Place of Service: CLS HEALTH	Date of Birth: 02/01/1966
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	AETNA	Adjustments		Remainder
				Charge	Applied to					
02/23/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-117.80	0.00		-446.20	-31.77
08/02/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-149.57	-117.94	0.00		-446.06	-31.63
08/02/21	96372	Ther/proph/diag inj sc/im		88.00		-25.32	0.00		-62.68	25.32
08/02/21	J3301	Triamcinolone acet inj nos		32.00		-9.84	0.00		-22.16	9.84
08/02/21	J1885	Ketorolac tromethamine inj		4.00		-1.60	0.00		-2.40	1.60
10/18/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-117.94	0.00		-446.06	-31.63

Patient: KATERI ANGEL-WILLIAMS	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: ANGKA000	Place of Service: CLS HEALTH	Date of Birth: 02/01/1966
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	AETNA	Adjustments		Remainder
				Charge	Applied to					
06/23/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-100.25	0.00		-463.75	-49.32

Patient: KATERI ANGEL-WILLIAMS	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANGKA000	Place of Service: CLS HEALTH	Date of Birth: 02/01/1966
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	AETNA	Adjustments		Remainder
				Charge	Applied to					
01/19/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-149.57	-127.74	0.00		-435.26	-21.83
05/16/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-149.57	-127.74	0.00		-435.26	-21.83

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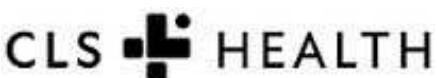
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KATERI ANGEL-WILLIAMS
903 RESEDA DR
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Statement Date	Invoice Number	Page
02/10/2025	CLS ANGKA000	2
Guarantor	Due Date	Payment Due
KATERI ANGEL-	Upon Receipt	284.08

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Patient: KATERI ANGEL-WILLIAMS	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ANGKA000	Place of Service: CLS HEALTH	Date of Birth: 02/01/1966
--	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by AETNA	Adjustments		Remainder
				Charge	Applied to					
07/14/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-125.36	-91.51	0.00		-308.49	-33.85
08/11/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-276.00	-91.51	0.00		-308.49	-184.49
08/11/22	96413	Chemo iv infusion 1 hr		432.00		-112.64	0.00		-319.36	112.64
10/06/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-164.41	-91.51	0.00		-308.49	-72.90
12/01/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-91.51	0.00		-308.49	91.51
12/01/22	96413	Chemo iv infusion 1 hr		432.00		-112.64	0.00		-319.36	112.64
02/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-93.79	-106.56	0.00		-278.44	12.77
04/13/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-266.27	-106.56	0.00		-278.44	-159.71
04/13/23	96413	Chemo iv infusion 1 hr		394.00		-112.20	0.00		-281.80	112.20
04/13/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00		-118.98	55.02
04/13/23	J2920	Methylprednisolone injection		12.00		-4.08	0.00		-7.92	4.08
04/13/23	J1885	Ketorolac tromethamine inj		4.00		-1.18	0.00		-2.82	1.18
06/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00		-278.44	-158.44
06/15/23	96413	Chemo iv infusion 1 hr		394.00		-112.20	0.00		-281.80	112.20
06/15/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00		-118.98	55.02
06/15/23	J2920	Methylprednisolone injection		12.00		-4.13	0.00		-7.87	4.13
06/15/23	J1885	Ketorolac tromethamine inj		4.00		-0.98	0.00		-3.02	0.98
08/25/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00		-278.44	-158.44
08/25/23	96413	Chemo iv infusion 1 hr		394.00		-112.20	0.00		-281.80	112.20
08/25/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00		-118.98	55.02
08/25/23	J2920	Methylprednisolone injection		12.00		-4.24	0.00		-7.76	4.24
08/25/23	J1885	Ketorolac tromethamine inj		4.00		-1.10	0.00		-2.90	1.10
10/19/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00		-278.44	-158.44
10/19/23	96413	Chemo iv infusion 1 hr		394.00		-112.20	0.00		-281.80	112.20
10/19/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00		-118.98	55.02

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Guarantor	Due Date	Payment Due
KATERI ANGEL-	Upon Receipt	284.08

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10/19/23	J2920	Methylprednisolone injection	12.00	-4.24	0.00		-7.76	4.24	
10/19/23	J1885	Ketorolac tromethamine inj	4.00	-1.10	0.00		-2.90	1.10	
12/14/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00	-278.44	-158.44
12/14/23	96413	Chemo iv infusion 1 hr		394.00		-112.20	0.00	-281.80	112.20
12/14/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00	-118.98	55.02
12/14/23	J2920	Methylprednisolone injection	12.00	-4.24	0.00		-7.76	4.24	
12/14/23	J1885	Ketorolac tromethamine inj	4.00	-1.10	0.00		-2.90	1.10	
02/08/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-268.00	-106.56	0.00	-280.44	-161.44
02/08/24	96413	Chemo iv infusion 1 hr		385.00		-112.20	0.00	-272.80	112.20
02/08/24	96367	Tx/proph/dg addl seq ivinf		168.00		-55.02	0.00	-112.98	55.02
02/08/24	J1885	Ketorolac tromethamine inj	2.00	-1.10	0.00		-0.90	1.10	
02/08/24	J2920	Methylprednisolone injection	13.00	-4.24	0.00		-8.76	4.24	
04/03/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-228.00	-106.56	0.00	-280.44	-121.44
04/03/24	96413	Chemo iv infusion 1 hr		385.00		-112.20	0.00	-272.80	112.20
04/03/24	96367	Tx/proph/dg addl seq ivinf		168.00		-55.02	0.00	-112.98	55.02
04/03/24	J1885	Ketorolac tromethamine inj	2.00	-1.10	0.00		-0.90	1.10	
04/03/24	J2919	Inj, methylpred sod succ 5mg	8.00	-4.00	0.00		-4.00	4.00	
04/24/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-257.46	-106.56	0.00	-280.44	-150.90
04/24/24	96413	Chemo iv infusion 1 hr		385.00		-112.20	0.00	-272.80	112.20
04/24/24	20600	Drain/inj joint/bursa w/o us	F2	164.00		-48.91	0.00	-115.09	48.91
04/24/24	20600	Drain/inj joint/bursa w/o us	F3	164.00		-24.46	0.00	-139.54	24.46
04/24/24	J3301	Triamcinolone acet inj nos		12.00		-4.04	0.00	-7.96	4.04
04/24/24	96367	Tx/proph/dg addl seq ivinf	59	84.00		-27.51	0.00	-56.49	27.51
04/24/24	J1885	Ketorolac tromethamine inj	2.00	-1.10	0.00		-0.90	1.10	
05/08/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-257.46	-106.56	0.00	-280.44	-150.90
05/08/24	96413	Chemo iv infusion 1 hr		385.00		-112.20	0.00	-272.80	112.20
05/08/24	96367	Tx/proph/dg addl seq ivinf		168.00		-55.02	0.00	-112.98	55.02
05/08/24	J1885	Ketorolac tromethamine inj	2.00	-1.10	0.00		-0.90	1.10	
05/08/24	J2919	Inj, methylpred sod succ 5mg	8.00	-2.16	0.00		-5.84	2.16	
06/05/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-257.00	-106.56	0.00	-280.44	-150.44

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Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
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06/05/24	96413	Chemo iv infusion 1 hr	385.00	-112.20	0.00	-272.80	112.20		
07/03/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-257.00	-106.56	0.00	-280.44	-150.44
07/03/24	96413	Chemo iv infusion 1 hr		385.00	-112.20	0.00	-272.80	112.20	
07/31/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.56	0.00	-280.44	106.56	
07/31/24	96413	Chemo iv infusion 1 hr		385.00	-112.20	0.00	-272.80	112.20	

Patient: KATERI ANGEL-WILLIAMS	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: ANGKA000	Place of Service: CLS HEALTH	Date of Birth: 02/01/1966
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Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by AETNA	Adjustments		Remainder
					Patient	Deductible				
03/25/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-149.57	-90.58	0.00	-296.42	-58.99	
03/25/24	20600	Drain/inj joint/bursa w/o us	F3	164.00		-41.57	0.00	-122.43	41.57	
03/25/24	20610	Drain/inj joint/bursa w/o us	F4	199.00		-50.80	0.00	-148.20	50.80	
03/25/24	J3301	Triamcinolone acet inj nos		12.00		-3.43	0.00	-8.57	3.43	

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KIMBERLY N. ANGELLE
905 W CURTIS AVE
ORANGE, TX 77630-3938

(346)773-5212

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGKI000	1
Guarantor	Due Date	Payment Due
KIMBERLY N.	Upon Receipt	50.00

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Date of Last Payment: 10/20/2021

Amount of Last Payment: -433.48

Patient: KIMBERLY N. ANGELLE	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ANGKI000	Place of Service: CLS HEALTH	Date of Birth: 01/09/1983
--	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
02/02/22	99999	NO SHOW		25.00	0.00		25.00
04/25/22	99999	NO SHOW		25.00	0.00		25.00

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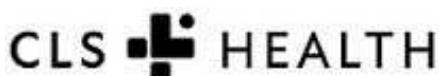
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SHARDE ANGELLE
1555 CULLEN BLVD
PEARLAND, TX 77581-9012

(832)537-3400

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGSH000	1
Guarantor	Due Date	Payment Due
SHARDE	Upon Receipt	56.34

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Date of Last Payment: 10/21/2024		Amount of Last Payment: -75.00		
Patient: SHARDE ANGELLE	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ANGSH000	Place of Service: CLS HEALTH	Date of Birth: 05/24/1985

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/16/23	99992	NO SHOW		50.00		0.00	50.00

Patient: SHARDE ANGELLE		Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: ANGSH000	Place of Service: CLS HEALTH	Date of Birth: 05/24/1985		
Dates	Procedure	Description	Paid By Modifier	Applied to Charge	Paid by UNITED	Adjustments	Remainder

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/04/24	51798	Us urine capacity measure		34.00		-13.47	-14.75
03/04/24	81003	Urinalysis auto w/o scope	QW	7.00		-1.32	-5.12

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SOBEIDA K. ANGUIANO
7600 E HOUSTON RD APT 2101
HOUSTON, TX 77028-2911

(713)657-9986

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGSO000	1
Guarantor	Due Date	Payment Due
SOBEIDA K.	Upon Receipt	25.00

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Date of Last Payment: 12/11/2024

Amount of Last Payment: -100.66

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
SOBEIDA K. ANGUIANO	ZULFIQAR CHEEMA MD	ANGSO000	CLS HEALTH	01/02/1980					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
02/04/21	99999	NO SHOW		25.00		0.00	0.00		25.00

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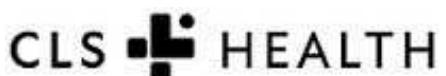
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ANGELIQUE SPROLES
2304 WICHITA ST TRLR 125
PASADENA, TX 77502-4157

Statement Date	Invoice Number	Page
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Guarantor	Due Date	Payment Due
ANGELIQUE	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ANGELIQUE SPROLES	AHMED A. MORSY MD	ANGSP000	CLS HEALTH	02/17/1977
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/12/23	99999	NO SHOW	25.00	Paid by UNITED
				Adjustments Remainder
				25.00

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DREW A. ANIMASHAUN
4606 DICKSON STREET
HOUSTON, TX 77007-7303

(832)892-9777

Statement Date	Invoice Number	Page
02/10/2025	CLS ANIDR000	1
Guarantor	Due Date	Payment Due
DREW A.	Upon Receipt	19.25

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Date of Last Payment: 8/2/2023			Amount of Last Payment: -40.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DREW A. ANIMASHAUN		ANIDR000	CLS HEALTH	05/11/2004	
Dates	Procedure	Description	Paid By	Applied to	Paid by
			Modifier	Charge	Patient Deductible
			UNITED		
08/02/23	51798	Us urine capacity measure	Q6	32.00	-19.25
					0.00
					-12.75
					19.25

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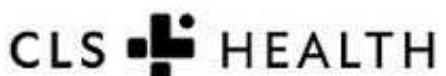
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19.25



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SHARIFEH ANSARI
15486 PEERMONT ST
HOUSTON, TX 77062-3309

(713)818-2827

Statement Date	Invoice Number	Page
02/10/2025	CLS ANSSH000	1
Guarantor	Due Date	Payment Due
SHARIFEH	Upon Receipt	44.60

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Date of Last Payment:	8/23/2021	Amount of Last Payment:	-37.27
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Patient: SHARIFEH ANSARI	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ANSSH000	Place of Service:	Date of Birth: 05/10/1934
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder		
				Modifier	Charge	Patient Deductible	MEDICARE			
07/15/21	95806	Sleep study unatt&resp efft	26	142.00		-9.32	-37.27		-95.41	9.32

Patient: SHARIFEH ANSARI	Rendering Physician: KAREEM GADELMOLA MD	Chart Number: ANSSH000	Place of Service: UTMB	Date of Birth: 05/10/1934
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder		
				Modifier	Charge	Patient Deductible	MEDICARE			
05/29/24	99223	1ST HOSP IP/OBS HIGH 75		521.00			-138.31		-347.41	35.28

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BRENDA C. ANTOINE
24 CHARLES AVE APT 24
BAYTOWN, TX 77520-7369

(832)414-4312

Statement Date	Invoice Number	Page
02/10/2025	CLS ANTBR000	1
Guarantor	Due Date	Payment Due
BRENDA C.	Upon Receipt	25.00

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Date of Last Payment: 9/24/2021			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BRENDA C. ANTOINE		MOUSTAFA M. AHMED MD	ANTBR000	CLS HEALTH	06/14/1956
Dates	Procedure	Description	Modifier Charge	Paid By Patient Deductible	Applied to WELLMED
07/22/21	99999	NO SHOW	25.00	0.00	0.00
				Paid by TMHP	Adjustments Remainder
					25.00

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BRITTNEY C. ANTWINE
1005 MADISON AVE
BEAUMONT, TX 77701-7327

(409)338-4090

Statement Date	Invoice Number	Page
02/10/2025	CLS ANTBR001	1
Guarantor	Due Date	Payment Due
BRITTNEY C.	Upon Receipt	25.00

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Date of Last Payment: 11/15/2023

Amount of Last Payment: -207.41

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
BRITTNEY C. ANTWINE	LORRIE F. POOL APRN	ANTBR001	CLS HEALTH	07/31/1980			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by EVERCARE	Adjustments	Remainder
02/13/24	99999	NO SHOW	25.00		0.00		25.00

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CRISTIE C. ANTON
1211 WILDERNESS PINES DR
FRIENDSWOOD, TX 77546-5256

(281)797-6442

Statement Date	Invoice Number	Page
02/10/2025	CLS ANTCR000	1
Guarantor	Due Date	Payment Due
CRISTIE C.	Upon Receipt	35.33

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Date of Last Payment:	10/2/2024	Amount of Last Payment:	-2.25
Patient:	Rendering Physician:	Chart Number:	Date of Birth:
CRISTIE C. ANTON	DANNY M. MOUNIR MD	ANTCR000	CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
11/30/22	99205	OFFICE VIST NEW LEVEL 5	25	689.00	-42.40	-161.94		-486.58	-1.92
11/30/22	51741	Electro-uroflowmetry first		43.00		-10.88		-29.40	2.72
11/30/22	81000	Urinalysis nonauto w/scope		12.00		-2.15		-9.31	0.54
12/13/22	99212	OFFICE VISIT EST/LEVEL 2	25	171.00		-35.34		-126.83	8.83
12/12/22	81000	Urinalysis nonauto w/scope	QW	12.00		-2.15		-9.31	0.54
02/08/23	99211	OFFICE VISIT - NEW PATIENT -	25	110.00		-22.26	0.00	-87.74	22.26
02/08/23	81001	Urinalysis auto w/scope		10.00		-2.36	0.00	-7.64	2.36

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35.33



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ROBERT ANTHONY
1914 LARRABEE ST APT 7
SEABROOK, TX 77586-3252

(346)815-0425

Statement Date	Invoice Number	Page
02/10/2025	CLS ANTRO001	1
Guarantor	Due Date	Payment Due
ROBERT	Upon Receipt	809.27

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Date of Last Payment:			Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
ROBERT ANTHONY		EMRAN ABU ATHERAH MD	ANTRO001	UTMB	12/30/1961			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELF PAY	Adjustments	Remainder
02/23/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00	-330.00	165.00
02/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
02/28/22	99233	HOSPITAL, SUBSEQUENT , HIGH	25	315.00		0.00	-210.01	104.99
02/28/22	31624	Dxbronchoscope/lavage		415.00		0.00	-142.52	272.48
02/28/22	31625	Bronchoscopy w/biopsy(s)		485.00		0.00	-323.19	161.81

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809.27



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DEANNA F. ANWAR
1410 BUCHANS DR
SPRING, TX 77386-2696

(346)300-2436

Statement Date	Invoice Number	Page
02/10/2025	CLS ANWDE000	1
Guarantor	Due Date	Payment Due
DEANNA F.	Upon Receipt	83.73

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Date of Last Payment: 9/7/2023

Amount of Last Payment: -90.27

Patient: DEANNA F. ANWAR	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ANWDE000	Place of Service: CLS HEALTH	Date of Birth: 10/19/1998
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
06/26/23	36415	Routine venipuncture		26.00		-3.22	-21.71	1.07
06/26/23	70553	Mri brain stem w/o & w/dye		1,006.0		-219.43	-713.42	73.15

Patient: DEANNA F. ANWAR	Rendering Physician: BASHAR ZLEIK MD	Chart Number: ANWDE000	Place of Service: CLS HEALTH	Date of Birth: 10/19/1998
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
06/28/23	95819	Eeg awake and asleep		1,339.0	-104.87	-343.13	-881.49	9.51

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83.73



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ANGELA C. ANZALDUA
1244 SALERNO CT
LEAGUE CITY, TX 77573-2376

(713)306-2637

Statement Date	Invoice Number	Page
02/10/2025	CLS ANZAN002	1
Guarantor	Due Date	Payment Due
ANGELA C.	Upon Receipt	32.50

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Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ANGELA C. ANZALDUA		SHAFRAZ MOHAMMED MD	ANZAN002	HOUSTON	07/21/1971
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA
09/01/23	99223	1ST HOSP IP/OBS HIGH 75	523.00	-130.02	-360.48 32.50

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281-694-5986

ARNULFO G. ANZALDUA
7808 PEGGY LN
PEARLAND, TX 77584-3890

(832)613-5457

Statement Date	Invoice Number	Page
02/10/2025	CLS ANZAR000	1
Guarantor	Due Date	Payment Due
ARNULFO G.	Upon Receipt	55.78

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Date of Last Payment:	Amount of Last Payment:
Patient: ARNULFO G. ANZALDUA	0.00

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
03/22/21	99223	INITIAL HOSPITAL/HIGH		616.00	-41.05	-164.19		-410.76	41.05
03/24/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93		-147.34	14.73

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JOSE M. APARICIO
404 YORK AVE
CONROE, TX 77301-3434

(346)314-4161

Statement Date	Invoice Number	Page
02/10/2025	CLS APAJO000	1
Guarantor	Due Date	Payment Due
JOSE M.	Upon Receipt	396.12

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Date of Last Payment:			Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JOSE M. APARICIO	JOSE S. MONTELONGO DO	APAJO000	CLEAR LAKE	08/02/1989			
<hr/>							
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
03/02/24	99254	HOSPITAL CONSULT, LEVEL 4	25	377.00		0.00	-242.80 134.20
03/02/24	76937	Us guide vascular access	26	45.00		0.00	-4.11 40.89
03/02/24	36556	Insert non-tunnel cv cath		256.00		0.00	-169.17 86.83
<hr/>							
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JOSE M. APARICIO	JOSE S. MONTELONGO DO	APAJO000	CLEAR LAKE	08/02/1989			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
02/29/24	99254	HOSPITAL CONSULT, LEVEL 4		377.00		0.00	-242.80 134.20

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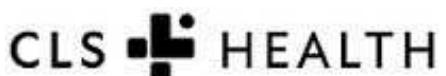
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Amount Due

396.12



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LUIS F. APARICIO
23922 PEPPERRELL PLACE ST
KATY, TX 77493-2607

(281)808-1957

Statement Date	Invoice Number	Page
02/10/2025	CLS APALU001	1
Guarantor	Due Date	Payment Due
LUIS F. APARICIO	Upon Receipt	40.00

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Date of Last Payment:	12/16/2024	Amount of Last Payment:	0.00
Patient: LUIS F. APARICIO	Rendering Physician: HEENA S. AHMED MD	Chart Number: APALU001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Devoted		
02/28/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00		-199.00	-450.00	20.00
03/27/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-108.92	-258.08	20.00

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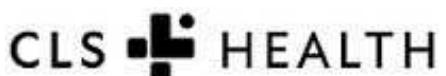
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Amount Due

40.00



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MARIA L. APARICIO
23922 PEPPERRELL PLACE ST
KATY, TX 77493-2607

(281)865-7192

Statement Date	Invoice Number	Page
02/10/2025	CLS APAMA000	1
Guarantor	Due Date	Payment Due
MARIA L.	Upon Receipt	40.00

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Date of Last Payment: 12/16/2024

Amount of Last Payment: 0.00

Patient: MARIA L. APARICIO	Rendering Physician: HEENA S. AHMED MD	Chart Number: APAMA000	Place of Service: CLS HEALTH	Date of Birth: 07/11/1953
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Devoted		
02/28/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00		-199.00	-450.00	20.00
05/09/24	20611	Drain/inj joint/bursa w/us	50	302.00		-130.72	-151.28	20.00

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CARLOS APOLAYA
2601 NORTHERN DR
LEAGUE CITY, TX 77573-4826

(337)488-1913

Statement Date	Invoice Number	Page
02/10/2025	CLS APOCA000	1
Guarantor	Due Date	Payment Due
CARLOS	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CARLOS APOLAYA	MOUSTAFA M. AHMED MD	APOCA000	CLS HEALTH	12/01/2001
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/16/21	99999	NO SHOW	25.00	Paid by TEXAS
				Adjustments Remainder
				25.00

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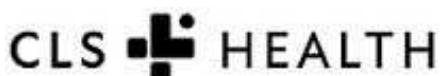
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CYNTHIA APPELBAUM
16427 CLEARCREST DR
HOUSTON, TX 77059-6509

(281)901-2282

Statement Date	Invoice Number	Page
02/10/2025	CLS APPCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA	Upon Receipt	302.36

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Date of Last Payment:	Amount of Last Payment:
Patient: CYNTHIA APPELBAUM	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	COMMUNI		
01/17/24	99223	1ST HOSP IP/OBS HIGH 75		521.00		0.00	-338.79	182.21
01/18/24	99239	HOSP IP/OBS DSCHRG MGMT >30		343.00		0.00	-222.85	120.15

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

(980)365-3119

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

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Date of Last Payment: 12/4/2024			Amount of Last Payment: -89.64		
Patient: HAWA APPLETON	Rendering Physician: AHMED A. MORSY MD	Chart Number: APPHA001	Place of Service: CLS HEALTH	Date of Birth: 04/21/1994	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
07/22/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-10.00	-162.22	-506.78	-10.00

Patient: HAWA APPLETON			Rendering Physician: AHMED A. MORSY MD	Chart Number: APPHA001	Place of Service: CLS HEALTH	Date of Birth: 04/21/1994		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder

07/22/24	72100	X-rayexam l-s spine 2/3 wvs		119.00	-10.00	-24.41	-86.46	-1.87
07/22/24	72202	X-rayexam si joints 3/>> wvs		117.00		-24.00	-85.00	8.00
07/22/24	73130	X-rayexam of hand	RT	111.00		-22.58	-80.90	7.52
07/22/24	73130	X-rayexam of hand	LT	111.00		-22.58	-80.90	7.52

Patient: HAWA APPLETON			Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: APPHA001	Place of Service: CLS HEALTH	Date of Birth: 04/21/1994		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder

07/22/24	87481	Candida dna amp probe		525.00		-72.38	-428.50	24.12
07/22/24	87491	Chyldmd trach dna amp probe		105.00		-14.48	-85.70	4.82
07/22/24	87511	Gardner vag dna amp probe		105.00		-14.48	-85.70	4.82
07/22/24	87529	HSV, DNA, AMP Probe		210.00		-28.95	-171.40	9.65
07/22/24	87591	N. gonorrhea dna amp probe		105.00		-14.48	-85.70	4.82
07/22/24	87640	Staph a dna amp probe		105.00		-14.48	-85.70	4.82
07/22/24	87653	Strep b dna amp probe		105.00		-14.48	-85.70	4.82
07/22/24	87661	Trichomonas vaginalis amplification		105.00		-14.48	-85.70	4.82

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

(980)365-3119

Statement Date	Invoice Number	Page
02/10/2025	CLS APPHA001	2
Guarantor	Due Date	Payment Due
HAWA	Upon Receipt	99.43

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07/22/24	87798	Detect agent nos dna amp	1,995.0	-188.17	-1,744.11	62.72
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Patient: HAWA APPLETON	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: APPHA001	Place of Service: BAY AREA	Date of Birth: 04/21/1994
----------------------------------	---	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			BLUE
08/16/24	45380	Colonoscopy and biopsy		605.00	-100.00	-135.05	-424.94	-54.99
08/16/24	43239	Egd biopsy single/multiple		419.00		-53.54	-347.62	17.84

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KATHLEEN APPELBAUM
15803 CAVENDISH DR
HOUSTON, TX 77059-4612

(713)309-0066

Statement Date	Invoice Number	Page
02/10/2025	CLS APPKA000	1
Guarantor	Due Date	Payment Due
KATHLEEN	Upon Receipt	534.22

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Date of Last Payment:	6/22/2023	Amount of Last Payment:	-171.13
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Patient: KATHLEEN APPELBAUM	Rendering Physician: BASHAR ZLEIK MD	Chart Number: APPKA000	Place of Service: CLS HEALTH	Date of Birth: 08/31/1992
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by UNITED	Adjustments		Remainder
			Modifier	Charge					
03/24/23	92652	Aep thrshld est mlt freq i&r		343.00	-122.15	0.00		-220.85	122.15
04/13/23	95930	Visual ep test cns w/i&r	Q6	200.00	-60.00	-97.65	0.00	-102.35	37.65

Patient: KATHLEEN APPELBAUM	Rendering Physician: BASHAR ZLEIK MD	Chart Number: APPKA000	Place of Service: CLS HEALTH	Date of Birth: 08/31/1992
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by UNITED	Adjustments		Remainder	
			Modifier	Charge						
03/24/23	95819	Eeg awake and asleep	Q6	1,339.0	-180.00	-198.45	0.00		-1,140.55	18.45
03/24/23	95913	Nrv cn dj test 13/> studies	Q6	862.00			-171.13		-550.85	140.02
03/24/23	95957	Eeg digital analysis	Q6	831.00		-215.95	0.00		-615.05	215.95

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534.22



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DESIDERIA AQUINO
1604 FALCON RIDGE BLVD
FRIENDSWOOD, TX 77546-5432

(832)423-7423

Statement Date	Invoice Number	Page
02/10/2025	CLS AQUDE000	1
Guarantor	Due Date	Payment Due
DESIDERIA	Upon Receipt	1116.13

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Date of Last Payment:				Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
DESIDERIA AQUINO	ALI EZZO MD	AQUDE000	CLEAR LAKE	05/23/1945		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				TMHP		
06/02/22	99291	CRITICAL CARE 1ST HOUR	672.00		0.00	-447.95 224.05
06/03/22	99233	HOSPITAL, SUBSEQUENT , HIGH	315.00		0.00	-210.01 104.99
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
DESIDERIA AQUINO	MAHMOOD DWEIK MD	AQUDE000	CLEAR LAKE	05/23/1945		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				SELF PAY		
06/23/22	99223	INITIAL HOSPITAL/HIGH	609.00		0.00	-430.33 178.67
06/24/22	99233	HOSPITAL, SUBSEQUENT , HIGH	315.00		0.00	-192.40 122.60
06/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH	315.00		0.00	-192.40 122.60
06/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH	315.00		0.00	-192.40 122.60
06/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH	315.00		0.00	-192.40 122.60
06/28/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-205.98 118.02

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Amount Due

1,116.13



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281-694-5986

ERIC AQUIRRE
2701 WILLIAMSBURG DR
PASADENA, TX 77502-4344

(713)504-2741

Statement Date	Invoice Number	Page
02/10/2025	CLS AQUER000	1
Guarantor	Due Date	Payment Due
ERIC AQUIRRE	Upon Receipt	396.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ERIC AQUIRRE	MAHMOOD DWEIK MD	AQUER000	AMERICAN	01/27/1979
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by CASH
06/28/21	95811	Polysom 6/> yrs cpap 4/> parm	26	396.00
				0.00
				396.00

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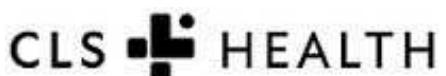
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Amount Due

396.00



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JAIME E. AQUINO
2803 BOTTIGLIA WAY
LEAGUE CITY, TX 77573-7117

(832)561-7025

Statement Date	Invoice Number	Page
02/10/2025	CLS AQUJA000	1
Guarantor	Due Date	Payment Due
JAIME E. AQUINO	Upon Receipt	35.19

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Date of Last Payment:	9/22/2023	Amount of Last Payment:	-74.78
Patient: JAIME E. AQUINO	Rendering Physician: Maha Al-lahiq MD	Chart Number: AQUJA000	Place of Service: HOUSTON

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CIGNA	Adjustments	Remainder
07/22/23	99223	1ST HOSP IP/OBS HIGH 75		523.00		-140.79	-366.57	15.64
07/23/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-50.63	-182.75	5.62
07/24/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-50.63	-182.75	5.62
07/25/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00		-74.78	-261.91	8.31

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Amount Due

35.19



PO BOX 58538
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281-694-5986

ROXANNE C. AQUINES
3910 PRINE LN
DEER PARK, TX 77536-2028

(281)904-4995

Statement Date	Invoice Number	Page
02/10/2025	CLS AQURO000	1
Guarantor	Due Date	Payment Due
ROXANNE C.	Upon Receipt	35.00

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Webster, TX 77598

Date of Last Payment: 12/17/2024

Amount of Last Payment: 0.00

Patient: ROXANNE C. AQUINES	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AQURO000	Place of Service: CLS HEALTH	Date of Birth: 02/22/1977
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
11/27/23	99205	OFFICE VIST NEW LEVEL 5	Q6	664.00		-148.75	-480.25	35.00

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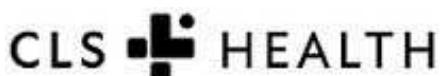
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Amount Due

35.00



PO BOX 58538
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281-694-5986

ALICIA ARANA
1117 14TH AVE N
TEXAS CITY, TX 77590-5842

(409)795-9022

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAAL000	1
Guarantor	Due Date	Payment Due
ALICIA ARANA	Upon Receipt	276.95

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Date of Last Payment:	Amount of Last Payment:
Patient: ALICIA ARANA	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/18/22	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85
01/19/22	99238	Hospital discharge day		221.00		0.00	-147.20

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Amount Due

276.95



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Statement Date	Invoice Number	Page
02/10/2025	CLS ARAAM000	1
Guarantor	Due Date	Payment Due
AMALIA ARAGON	Upon Receipt	30.32

AMALIA ARAGON
4218 SECRETARIAT DR
PASADENA, TX 77503-3539

(281)797-5158

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Date of Last Payment:		Amount of Last Payment: 0.00						
Patient: AMALIA ARAGON	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ARAAM000	Place of Service: ST.LUKE'S	Date of Birth: 11/29/1937				
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			MEDICARE
11/08/21	99215	OFFICE VISIT EST/LEVEL 5		452.00	-30.32	-121.27	-300.41	30.32

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

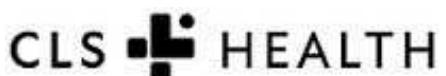
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If remitting payment via mail in check. Please include statement.

Amount Due

30 32



PO BOX 58538
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CARMEN ARAQUE DE PEREZ
22465 Clear Castle Dr
Porter, TX 77365-7151

(801)616-9489

Statement Date	Invoice Number	Page
02/10/2025	CLS ARACA000	1
Guarantor	Due Date	Payment Due
CARMEN	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CARMEN ARAQUE DE	ZEID F. KARADSHEH MD	ARACA000	CLS HEALTH	10/15/1962	
Paid By Applied to Paid by					
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments Remainder
09/20/23	99999	NO SHOW	25.00	0.00	25.00

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

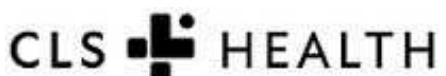
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Amount Due

25.00



PO BOX 58538
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DIOSDADO ARAFET
2800 Mustang Rd Apt 405
ALVIN, TX 77511-4811

(346)253-7091

Statement Date	Invoice Number	Page
02/10/2025	CLS ARADI000	1
Guarantor	Due Date	Payment Due
DIOSDADO	Upon Receipt	10.00

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Date of Last Payment: 2/25/2021		Amount of Last Payment: -130.71					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
DIOSDADO ARAFET	MAHMOOD DWEIK MD	ARADI000	CLS HEALTH	11/08/1962			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder	
01/25/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-130.71	-423.29	10.00

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Amount Due

10.00



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DOLORES B. ARAGON
3609 AVENUE Q
GALVESTON, TX 77550-7562

(409)457-1527

Statement Date	Invoice Number	Page
02/10/2025	CLS ARADO000	1
Guarantor	Due Date	Payment Due
DOLORES B.	Upon Receipt	47.78

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Date of Last Payment: 11/9/2022			Amount of Last Payment: 0.00		
Patient: DOLORES B. ARAGON	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ARADO000	Place of Service: CLS HEALTH	Date of Birth: 12/29/1969	

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder		
			Modifier	Charge	Patient Deductible	Ambetter			
12/16/21	72100	X-rayexam l-s spine 2/3 ws		125.00	-26.45	0.00		-82.69	15.86
12/16/21	73522	X-RAY EXAM HIPS BI 3-4 VIEWS		168.00		0.00		-111.08	56.92

Patient: DOLORES B. ARAGON			Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ARADO000	Place of Service: CLS HEALTH	Date of Birth: 12/29/1969		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Paid by BRIGHT	Adjustments	Remainder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder		
			Modifier	Charge	Patient Deductible	BRIGHT			
01/25/22	99205	OFFICE VIST NEW LEVEL 5		689.00	-20.00	-247.66		-436.34	-15.00

Patient: DOLORES B. ARAGON			Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ARADO000	Place of Service: CLS HEALTH	Date of Birth: 12/29/1969		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Paid by BRIGHT	Adjustments	Remainder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder		
			Modifier	Charge	Patient Deductible	Ambetter			
03/15/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-5.00	-133.20		-266.80	-5.00
04/26/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-5.00	-187.73		-375.27	-5.00

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Amount Due

47.78



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281-694-5986

GULSHAN ARA
4113 OAK POINT DR
PEARLAND, TX 77581-5424

(281)204-2360

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAGU000	1
Guarantor	Due Date	Payment Due
GULSHAN ARA	Upon Receipt	27.19

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Webster, TX 77598

Date of Last Payment:	9/13/2023	Amount of Last Payment:	-83.05
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GULSHAN ARA	REGINA R. PILLAI MD	ARAGU000	CLS HEALTH	06/01/1965

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Friday		
03/07/22	71250	Ct thorax w/o dye		439.00	-14.62	-151.32	-270.87	2.19

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GULSHAN ARA	AHMED A. MORSY MD	ARAGU000	CLS HEALTH	06/01/1965

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Friday		
12/20/22	72100	X-rayexam-l-s spine 2/3 ws		127.00	-25.00	-23.66	-78.34	25.00

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Amount Due

27.19



PO BOX 58538
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281-694-5986

HERMELINDA M. ARANDA
13413 CORPUS CHRISTI ST
HOUSTON, TX 77015-3801

(281)384-2975

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAHE000	1
Guarantor	Due Date	Payment Due
HERMELINDA M.	Upon Receipt	30.53

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Date of Last Payment: 10/22/2024

Amount of Last Payment: 0.00

Patient: HERMELINDA M. ARANDA	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ARAHE000	Place of Service: CLS HEALTH	Date of Birth: 01/08/1956
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Adjustments	Reminder
03/01/24	94726	Pulm funct tst plethysmograp		167.00		-37.10	-5.44	-120.44	4.02
03/01/24	94729	Co/membane diffuse capacity		169.00		-37.44	-8.04	-122.01	1.51

Patient: HERMELINDA M. ARANDA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ARAHE000	Place of Service: CLS HEALTH	Date of Birth: 01/08/1956
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Paid by EVERCARE	Adjustments	Reminder
04/19/24	99999	NO SHOW		25.00		0.00	0.00		25.00

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Amount Due

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281-694-5986

J A. ARANA
1117 14TH AVE NORTH
TEXAS CITY, TX 77590-5842

(409)457-0780

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAJ0000	1
Guarantor	Due Date	Payment Due
J A. ARANA	Upon Receipt	21.11

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
Patient: J A. ARANA	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
02/23/22	99223	INITIAL HOSPITAL/HIGH		609.00	-15.51	-139.59	-453.90	15.51
02/24/22	99238	Hospital discharge day		221.00	-5.60	-50.45	-164.95	5.60

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21.11



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281-694-5986

JOSE D. ARAUJO
2502 MARSHALL ST
PASADENA, TX 77506-2928

(832)889-6264

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAJO000	1
Guarantor	Due Date	Payment Due
JOSE D. ARAUJO	Upon Receipt	430.11

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Date of Last Payment:	3/1/2023	Amount of Last Payment:	-30.00
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Patient: JOSE D. ARAUJO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARAJO000	Place of Service: CLS HEALTH	Date of Birth: 01/27/1968
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Dates	Procedure	Description	Paid By			Paid by ENTRUST	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
09/29/21	52000	Cystoscopy		743.00	-259.88	0.00		-483.12	259.88
09/29/21	51798	Us urine capacity measure	59	32.00	-5.64	0.00		-26.36	5.64

Patient: JOSE D. ARAUJO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARAJO000	Place of Service: CLS HEALTH	Date of Birth: 01/27/1968
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Dates	Procedure	Description	Paid By			Paid by ENTRUST	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
01/10/22	51798	Us urine capacity measure		33.00	-11.54	0.00		-21.46	11.54
03/01/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-30.00	-166.50	0.00	-218.50	136.50
03/01/23	51798	Us urine capacity measure		32.00	-13.74	0.00		-18.26	13.74
03/01/23	81003	Urinalysis auto w/o scope	QW	7.00	-2.81	0.00		-4.19	2.81

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Amount Due

430.11



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

JOSSELINE ARANA
8510 BONNER DR
HOUSTON, TX 77017-4710

(281)827-5453

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAJO001	1
Guarantor	Due Date	Payment Due
JOSSELINE	Upon Receipt	848.45

Pay Online	
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or scan the QR Code	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JOSSELINE ARANA		JACQUELINE M. WEGGE MD	ARAJO001	BAYSHORE	11/06/1995
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by TMHP
04/01/22	99254	HOSPITAL CONSULT, LEVEL 4	25	377.00	0.00
04/01/22	12031	Intmd rpr s/a/t/ext 2.5 cm<	59	469.00	0.00
04/01/22	12032	Intmd rpr s/a/t/ext 2.6-7.5	59	587.00	0.00
04/01/22	12055	Intmd rpr face/mm 12.6-20 cm	59	928.00	0.00
04/01/22	21315	Clsd tx nsl fx mnj wo stbl		184.00	0.00
Adjustments					Remainder
					-251.34 125.66
					-312.51 156.49
					-391.38 195.62
					-618.76 309.24
					-122.56 61.44

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Amount Due

848.45



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Webster, TX 77598
281-694-5986

JULEEN ARABIE
2618 AZTEC CT
LEAGUE CITY, TX 77573-7744

(832)248-3541

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAJU000	1
Guarantor	Due Date	Payment Due
JULEEN ARABIE	Upon Receipt	120.20

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or scan the QR Code



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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 2/14/2023		Amount of Last Payment: -40.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
JULEEN ARABIE	OMAR ALBUSTAMI MD	ARAJU000	CLS HEALTH	11/05/1982				
<hr/>								
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder	
02/14/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-40.00	-160.20	0.00	-342.80	120.20

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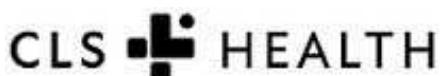
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Amount Due

120.20



PO BOX 58538
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281-694-5986

MARIA T. ARAICA
6019 SAN BLAS
HOUSTON, TX 77017-5977

(832)859-5522

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAMA000	1
Guarantor	Due Date	Payment Due
MARIA T. ARAICA	Upon Receipt	38.16

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CLS HEALTH PLLC
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Webster, TX 77598

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Amount of Last Payment: 0.00

Patient: MARIA T. ARAICA	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARAMA000	Place of Service: CLS HEALTH	Date of Birth: 12/31/1965
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by Communi	Adjustments		Remainder	
			Modifier	Charge	Patient Deductible					
03/29/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-149.57	-187.73	0.00		-375.27	38.16

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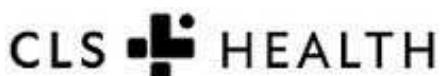
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Amount Due

38.16



PO BOX 58538
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MANUEL ARANDA
10926 SAGEPARK LN
HOUSTON, TX 77089-3815

(832)654-2473

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAMA001	1
Guarantor	Due Date	Payment Due
MANUEL ARANDA	Upon Receipt	497.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MANUEL ARANDA	ABDELNASER ELKHALILI MD	ARAMA001	CLS HEALTH	09/23/1978
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
12/01/21	99245	OFFICE CONSULTATION/LEVEL 5	497.00	Paid by CASH
				Adjustments Remainder
				497.00

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

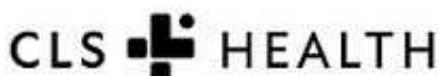
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Amount Due

497.00



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

NANCY ARAUZ
4201 FAIRMONT PKWY
APT 2604
PASADENA, TX 77504
(832)526-4298

Statement Date	Invoice Number	Page
02/10/2025	CLS ARANA000	1
Guarantor	Due Date	Payment Due
NANCY ARAUZ	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
NANCY ARAUZ	DANNY M. MOUNIR MD	ARANA000	CLS HEALTH	05/30/1994
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/02/22	99999	NO SHOW	25.00	Paid by CASH 0.00
				Adjustments Remainder 25.00

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

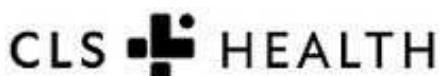
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Amount Due

25.00



PO BOX 58538
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NERSO VIELMA ARAQUE
4310 ROARING RAPIDS DR
HOUSTON, TX 77059-5531

(832)745-0735

Statement Date	Invoice Number	Page
02/10/2025	CLS ARANE000	1
Guarantor	Due Date	Payment Due
NERSO VIELMA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
NERSO VIELMA ARAQUE	ZEID F. KARADSHEH MD	ARANE000	CLS HEALTH	12/17/1956			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
08/24/23	99999	NO SHOW	25.00		0.00		25.00

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Amount Due

25.00



PO BOX 58538
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281-694-5986

NICOLAS V. ARANDA
953 JENNIFER ST
ALVIN, TX 77511-4379

(361)319-0105

Statement Date	Invoice Number	Page
02/10/2025	CLS ARANI000	1
Guarantor	Due Date	Payment Due
NICOLAS V.	Upon Receipt	70.00

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Date of Last Payment: 11/20/2024

Amount of Last Payment: -106.56

Patient: NICOLAS V. ARANDA	Rendering Physician: GERARD ABREO MD	Chart Number: ARANI000	Place of Service: CLS HEALTH	Date of Birth: 07/04/1948
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
05/01/24	93925	Lower extremity study		716.00	-30.00	-175.49	-490.51	20.00
10/04/24	93000	Electrocardiogram complete	59	43.00		-10.06	0.00	-32.94
10/04/24	93283	Prgrmg eval implantable dfb		290.00		-40.63	-209.43	39.94

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Amount Due

70.00



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SULEIMAN A. ARABIE
4522 CANYON CREST DR
LEAGUE CITY, TX 77573-3592

(281)770-1104

Statement Date	Invoice Number	Page
02/10/2025	CLS ARASU000	1
Guarantor	Due Date	Payment Due
SULEIMAN A.	Upon Receipt	364.94

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Date of Last Payment: 11/13/2024

Amount of Last Payment: -104.02

Patient: SULEIMAN A. ARABIE	Rendering Physician: BAHAEDDIN SHABANEH MD	Chart Number: ARASU000	Place of Service: CLS HEALTH	Date of Birth: 11/01/1949
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/09/23	93000	Electrocardiogram complete		44.00	0.00	-29.06	14.94
11/16/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-104.47	-255.53	25.00
11/20/23	93880	Extracranial bilat study		579.00	-47.02	-381.98	150.00
12/18/23	93248	Ext ecg>7d<15d rev&interpj		79.00	-6.26	-52.74	20.00
07/03/24	93970	Extremity study		557.00	-20.00	-369.00	130.00

Patient: SULEIMAN A. ARABIE	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARASU000	Place of Service: CLS HEALTH	Date of Birth: 11/01/1949
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/20/23	99999	NO SHOW		25.00	0.00		25.00

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Amount Due

364.94



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281-694-5986

TAMMY M. ARAGON
2710 W NASA RD
WEBSTER, TX 77598-6215

(281)813-6898

Statement Date	Invoice Number	Page
02/10/2025	CLS ARATA000	1
Guarantor	Due Date	Payment Due
TAMMY M.	Upon Receipt	195.03

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Date of Last Payment:	Amount of Last Payment:
Patient: TAMMY M. ARAGON	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
01/13/21	99220	Observation, Initial - High Severity		559.00	-179.98	-11.12	-367.90	179.98
01/14/21	99217	OBSERVATION DISCHARGE		222.00	-15.05	-60.22	-146.73	15.05

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Amount Due

195.03



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TYRA ARANDA
14518 LONE WILLOW LN
MISSOURI CITY, TX 77489-1880

(281)594-8540

Statement Date	Invoice Number	Page
02/10/2025	CLS ARATY000	1
Guarantor	Due Date	Payment Due
TYRA ARANDA	Upon Receipt	71.89

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Date of Last Payment: 12/17/2024					Amount of Last Payment: -1,859.54		
Patient: TYRA ARANDA		Rendering Physician: MOHAMED A. KHALIL MD		Chart Number: ARATY000	Place of Service: CLS HEALTH	Date of Birth: 07/06/2002	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
05/15/24	99999	NO SHOW	Q6	25.00		0.00	25.00
07/25/24	99214	OFFICE VISIT EST/LEVEL 4	Q6	387.00		-73.54	-303.46 10.00

Patient: TYRA ARANDA					Rendering Physician: LOUAY ZEID MD		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
04/18/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-10.00	-83.54	-303.46 -10.00
04/18/24	76817	TRANSVAGINAL US OBSTETRIC		276.00		-56.75	-200.34 18.91
04/18/24	81025	Urine pregnancy test	QW	26.00		-4.52	-19.97 1.51
05/07/24	76815	Ob us limited fetus(s)		242.00		-49.83	-175.56 16.61
05/07/24	81000	Urinalysis nonauto w/scope		12.00		-2.11	-9.19 0.70
06/04/24	81000	Urinalysis nonauto w/scope		12.00		-2.11	-9.19 0.70

Patient: TYRA ARANDA					Rendering Physician: LOUAY ZEID MD		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
10/22/24	87481	Candida dna amp probe		525.00		-88.04	-428.50 8.46

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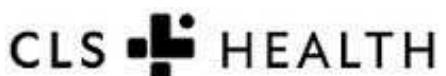
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Amount Due

71.89



PO BOX 58538
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281-694-5986

YASMIN ARAGON-REA
1511 BRAZOS GATE DR
RICHMOND, TX 77469-6117

(832)361-8070

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAYA000	1
Guarantor	Due Date	Payment Due
YASMIN	Upon Receipt	31.74

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Webster, TX 77598

Date of Last Payment:	5/30/2024	Amount of Last Payment:	-107.00
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Patient: YASMIN ARAGON-REA	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARAYA000	Place of Service: CLS HEALTH	Date of Birth: 10/15/1975
--------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Paid by CIGNA	Adjustments		Remainder
			Modifier	Charge				
03/13/24	99204	OFFICE VIST NEW LEVEL 4		507.00	-20.00	-107.00	-373.26	6.74
04/11/24	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

31.74



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281-694-5986

FAUNA C. ARBING
10802 KIRKTOWN DR
HOUSTON, TX 77089-3029

(832)421-7299

Statement Date	Invoice Number	Page
02/10/2025	CLS ARBFA000	1
Guarantor	Due Date	Payment Due
FAUNA C.	Upon Receipt	119.52

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Webster, TX 77598

Date of Last Payment: 11/8/2024			Amount of Last Payment: -226.58		
Patient: FAUNA C. ARBING	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ARBFA000	Place of Service: UTMB	Date of Birth: 10/17/1978	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
01/09/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.98	-59.93	-144.09	14.98

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FAUNA C. ARBING	EMRAN ABU ATHERAH MD	ARBFA000	UTMB	10/17/1978

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
01/08/22	99223	INITIAL HOSPITAL/HIGH		609.00	-39.65	-158.60	-410.75	39.65

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FAUNA C. ARBING	NISARG PATEL MD	ARBFA000	UTMB	10/17/1978

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
01/10/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.41	-85.65	-207.94	21.41
01/11/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.41	-85.65	-207.94	21.41
01/12/22	99239	HOSPITAL DISCHARGE, LONG		324.00	-22.07	-88.28	-213.65	22.07

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Amount Due

119.52



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281-694-5986

SUSAN L. ARBOGAST
2108 MURFIELD DR
LEAGUE CITY, TX 77573-4448

(832)754-4909

Statement Date	Invoice Number	Page
02/10/2025	CLS ARBSU000	1
Guarantor	Due Date	Payment Due
SUSAN L.	Upon Receipt	22.00

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Webster, TX 77598

Date of Last Payment: 3/30/2022		Amount of Last Payment: -273.28					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SUSAN L. ARBOGAST	NISARG PATEL MD	ARBSU000	UTMB	05/05/1959			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments	Remainder
02/22/22	99220	Observation, Initial - High Severity	550.00		-127.05	-400.95	22.00

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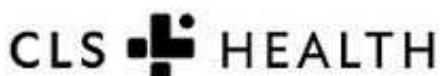
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Amount Due

22.00



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281-694-5986

ZELDA J. ARBUCKLE
4009 LAKEWAY DR
SEABROOK, TX 77586-1589

(281)942-9490

Statement Date	Invoice Number	Page
02/10/2025	CLS ARBZE000	1
Guarantor	Due Date	Payment Due
ZELDA J.	Upon Receipt	15.00

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Webster, TX 77598

Date of Last Payment:	8/27/2024	Amount of Last Payment:	-36.99
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ZELDA J. ARBUCKLE	MOUSTAFA M. AHMED MD	ARBZE000	CLS HEALTH	03/16/1937

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder	
11/04/21	62270	DxImbr spi pxr		400.00	-10.00	-27.74	-111.16	-27.74	-261.10	-10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ZELDA J. ARBUCKLE	ABDELNASER ELKHALIL MD	ARBZE000	CLS HEALTH	03/16/1937

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
01/17/24	99999	NO SHOW		25.00		0.00	0.00		25.00

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Amount Due

15.00



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

ASHLEY ARCENEAUX
1923 GREENWOOD OAKS DR
HOUSTON, TX 77062-2354

(281)678-1148

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCAS000	1
Guarantor	Due Date	Payment Due
ASHLEY	Upon Receipt	38.50

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 4/24/2024		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ASHLEY ARCENEAUX	MOHAMED A. KHALIL MD	ARCAS000	CLS HEALTH	03/25/1997			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by United	Adjustments	Reminder
02/22/24	99213	OFFICE VISIT EST/LEVEL 3	274.00		0.00	-235.50	38.50

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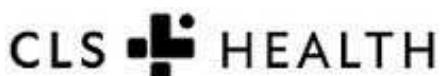
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Amount Due

38.50



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

AUTUMN J. ARCHIBALD
9801 W FAIRMONT PKWY APT 1603
LA PORTE, TX 77571-4441

(832)441-9343

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCAU000	1
Guarantor	Due Date	Payment Due
AUTUMN J.	Upon Receipt	25.00

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Date of Last Payment: 6/12/2023		Amount of Last Payment: -33.95				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
AUTUMN J. ARCHIBALD	MOHAMED A. KHALIL MD	ARCAU000	CLS HEALTH	07/30/1993		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible COMMUNI	Adjustments	Remainder
05/12/22	99999	NO SHOW	25.00	0.00		25.00

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

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Amount Due

25.00



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281-694-5986

BENJAMIN J. ARCEMANT
1919 13TH AVE N APT 257
TEXAS CITY, TX 77590-5465

(979)418-3800

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCBE001	1
Guarantor	Due Date	Payment Due
BENJAMIN J.	Upon Receipt	125.66

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BENJAMIN J. ARCEMANT		ALI EZZO MD	ARCBE001	UTMB	04/20/1992
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY
11/29/22	99254	HOSPITAL CONSULT, LEVEL 4	377.00		0.00
					-251.34 125.66

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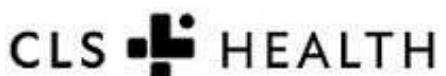
Call 281-694-5986

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Amount Due

125.66



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

BERKLEY M. ARCEAUX
4706 KNOTTYNOLD LN
HOUSTON, TX 77053-1106

(281)541-6865

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCBE002	1
Guarantor	Due Date	Payment Due
BERKLEY M.	Upon Receipt	48.68

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Date of Last Payment: 12/19/2023

Amount of Last Payment: -190.95

Patient: BERKLEY M. ARCEAUX	Rendering Physician: MOLHAM ALDEIRI MD	Chart Number: ARCBE002	Place of Service: MEMORIAL	Date of Birth: 05/16/1948
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
08/31/23	99223	1ST HOSP IP/OBS HIGH 75	25	523.00		-136.78		-351.35
08/31/23	93306	Tte w/doppler complete	26	230.00		-54.17		-162.02

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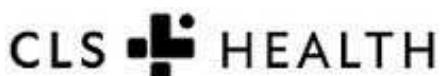
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Amount Due

48.68



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Webster, TX 77598
281-694-5986

CLIFFORD W. ARCHIA
1211 21ST ST APT 1003
GALVESTON, TX 77550-4770

(409)237-1141

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCCL000	1
Guarantor	Due Date	Payment Due
CLIFFORD W.	Upon Receipt	50.00

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Date of Last Payment: 12/17/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
CLIFFORD W. ARCHIA	AHMED A. MORSY MD	ARCCL000	CLS HEALTH	05/03/1962				
Dates	Procedure	Description	Modifier	Paid By EVERCARE	Applied to WELLMED	Paid by TMHP	Paid by Adjustments	Remainder
03/19/24	99999	NO SHOW		25.00	0.00	0.00	0	25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
CLIFFORD W. ARCHIA	MAGDY ATTIA PT	ARCCL000	CLS HEALTH	05/03/1962				
Dates	Procedure	Description	Modifier	Paid By EVERCARE	Applied to WELLMED	Paid by TMHP	Paid by Adjustments	Remainder
07/19/23	99999	NO SHOW		25.00	0.00	0.00	0	25.00

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50.00



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281-694-5986

DONALD ARCHIE
2116 TEAL BAY BEND LN
LEAGUE CITY, TX 77573-5323

(281)316-2499

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCDO000	1
Guarantor	Due Date	Payment Due
DONALD ARCHIE	Upon Receipt	177.29

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Date of Last Payment: 11/8/2024					Amount of Last Payment: -91.12				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DONALD ARCHIE		REGINA PILLAI MD		ARCDO000		CLS HEALTH		09/06/1949	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	
					Patient	Deductible	AARP	Remainder	
09/22/21	99205	OFFICE VIST NEW LEVEL 5	25	690.00	-42.65	-45.97	-183.87	-460.16	
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DONALD ARCHIE		REGINA PILLAI MD		ARCDO000		CLS HEALTH		09/06/1949	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	
					Patient	Deductible	AARP	Remainder	
09/22/21	94060	Evaluation of wheezing		145.00		-8.23	-32.91	-103.86	
09/22/21	94726	Pulm funct tst plethysmograp		171.00		-9.69	-38.74	-122.57	
09/22/21	94729	Co/membane diffuse capacity		186.00		-10.55	-42.19	-133.26	
09/22/21	J7613	Albuterol non-comp unit		2.00		-0.02	-0.06	-1.92	
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DONALD ARCHIE		REGINA R. PILLAI MD		ARCDO000		CLS HEALTH		09/06/1949	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	
					Patient	Deductible	AARP	Remainder	
09/22/21	71046	X-rayexam chest 2 views		105.00		-5.97	-23.88	-75.15	
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
DONALD ARCHIE		MOHAMMAD J. BABA MD		ARCDO000		UTMB		09/06/1949	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	
					Patient	Deductible	AARP	Remainder	
02/15/22	99223	INITIAL HOSPITAL/HIGH		609.00		-120.90	-82.25	-405.85	

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Amount Due

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DONALD ARCHIE
2116 TEAL BAY BEND LN
LEAGUE CITY, TX 77573-5323

(281)316-2499

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCDO000	2
Guarantor	Due Date	Payment Due
DONALD ARCHIE	Upon Receipt	177.29

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Patient: DONALD ARCHIE	Rendering Physician: REGINA PILLAI MD	Chart Number: ARCDO000	Place of Service: CLS HEALTH	Date of Birth: 09/06/1949
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			UNITEDHE
06/09/23	99213	OFFICE VISIT EST/LEVEL 3		272.00	-72.96		-180.43	18.61

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FRANK L. ARCHER
13210 4TH 1/2 ST
SANTA FE, TX 77510-7032

(409)440-5095

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCFR001	1
Guarantor	Due Date	Payment Due
FRANK L.	Upon Receipt	181.40

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	4/19/2022	Amount of Last Payment:	-82.57
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FRANK L. ARCHER	REMY TEQWIMUAH MD	ARCFR001	UTMB	05/04/1950

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
08/17/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00		-164.19	-410.76	41.05
08/18/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-58.93	-147.34	14.73
08/19/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-58.93	-147.34	14.73
08/20/21	99239	HOSPITAL DISCHARGE, LONG		327.00		-87.30	-217.88	21.82

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FRANK L. ARCHER	ALEJANDRO RESTREPO MD	ARCFR001	UTMB	05/04/1950

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/04/22	99222	HOSPITAL PRIMARY, INITIAL MOD	AI	416.00	-27.15	-108.60	-280.25	27.15
03/05/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64	-82.57	-211.79	20.64
03/06/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-20.64	-82.57	-211.79	20.64

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FRANK L. ARCHER	MOHAMMAD J. BABA MD	ARCFR001	UTMB	05/04/1950

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/07/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.57	-211.79	20.64

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KATENIK E. ARCHER
513 AUGUSTA CROSSING LN
LA MARQUE, TX 77568-1608

(832)385-0882

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCKA000	1
Guarantor	Due Date	Payment Due
KATENIK E.	Upon Receipt	19.58

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Date of Last Payment: 10/5/2023			Amount of Last Payment: -120.22		
Patient: KATENIK E. ARCHER	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ARCKA000	Place of Service: CLS HEALTH	Date of Birth: 10/18/1989	

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
09/11/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-42.65	-128.83	-341.97	-10.45

Patient: KATENIK E. ARCHER			Rendering Physician: OMAR ALBUSTAMI MD			Chart Number: ARCKA000		Place of Service: CLS HEALTH	Date of Birth: 10/18/1989
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
09/11/23	94060	Evaluation of wheezing		116.00		-42.38	-63.03	10.59
09/11/23	94726	Pulm funct tst plethysmograp		164.00		-38.35	-116.07	9.58
09/11/23	94729	Co/membrane diffuse capacity		171.00		-39.36	-121.81	9.83
09/11/23	J7613	Albuterol non-comp unit		2.00		-0.13	-1.84	0.03

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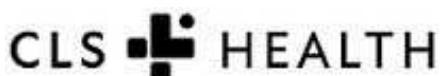
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Amount Due

19.58



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LEOLA F. ARCHER
7406 CANARY CIR
TEXAS CITY, TX 77591-3652

(409)938-3932

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCLE000	1
Guarantor	Due Date	Payment Due
LEOLA F.	Upon Receipt	165.91

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Date of Last Payment:	12/6/2024	Amount of Last Payment:	-74.29
Patient: LEOLA F. ARCHER	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARCLE000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	HUMANA		
06/22/22	A4215	Sterile needle		1.00		-0.80		0.20
06/22/22	J7030	Normal saline solution infus		8.00		-2.05		-5.44 0.51
07/31/23	74182	Mri abdomen w/dye		960.00	-15.00	-129.10		-650.90 165.00
07/31/23	A4215	Sterile needle		1.00		-0.80		0.20

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Amount Due

165.91



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281-694-5986

RAFAEL ARCE
2701 MARYLAND AVE
LEAGUE CITY, TX 77573-8813

(832)820-9917

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCRA001	1
Guarantor	Due Date	Payment Due
RAFAEL ARCE	Upon Receipt	138.95

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RAFAEL ARCE	ROBERT A. DARLING MD	ARCRA001	CLS HEALTH	04/03/1963
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible MERITAIN
01/02/24	99204	OFFICE VIST NEW LEVEL 4	503.00	-138.95 0.00
				-364.05 138.95

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Amount Due

138.95



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SALVATORE J. ARCIDIACONO
1310 POST OFFICE ST
GALVESTON, TX 77550-5043

(409)739-3022

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCSA001	1
Guarantor	Due Date	Payment Due
SALVATORE J.	Upon Receipt	6.30

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Date of Last Payment: 5/10/2024		Amount of Last Payment: -20.54					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SALVATORE J.	GHYATH SAMMAN MD	ARCSA001	CLEAR LAKE	07/20/1972			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Blue	Adjustments	Reminder
03/25/24	93010	Electrocardiogram report	30.00		-20.54	-3.16	6.30

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6.30



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SHIANNE ARCHER
12110 PENDER LN
MEADOWS PLACE, TX 77477-1645

(718)974-8411

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCSH000	1
Guarantor	Due Date	Payment Due
SHIANNE	Upon Receipt	4255.02

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Date of Last Payment:				Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
SHIANNE ARCHER	MOUSTAFA M. AHMED MD	ARCSH000	CLS HEALTH	06/07/1994		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CASH
						Adjustments Remainder
04/29/21	99211	OFFICE VISIT - NEW PATIENT -	25	110.00		0.00
04/29/21	64490	Inj paravert f jnt c/t 1 lev	LT	614.00		0.00
04/29/21	64491	Inj paravert f jnt c/t 2 lev	LT	310.00		0.00
04/29/21	64492	Inj paravert f jnt c/t 3 lev	LT	311.00		0.00
04/29/21	77003	Fluoroguide for spine inject	59	330.00		0.00
04/29/21	93041	Rhythm ecg tracing	59	18.00		0.00
04/29/21	G8427	Docev cur meds by elig clin		0.01		0.01
04/29/21	J2001	Lidocaine injection	59	5.00		0.00
04/29/21	J3490	UNCLASSIFIED DRUGS	59	772.00		0.00
04/29/21	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		0.00
04/29/21	A4248	CHLORHEXIDINE ANTISEPT	59	3.00		0.00
06/10/21	99211	OFFICE VISIT - NEW PATIENT -	25	110.00		0.00
06/10/21	27096	Inject sacroiliac joint	RT	524.00		0.00
06/10/21	77003	Fluoroguide for spine inject	59	330.00		0.00
06/10/21	93041	Rhythm ecg tracing	59	18.00		0.00
06/10/21	J3490	UNCLASSIFIED DRUGS		772.00		0.00
06/10/21	J3301	Triamcinolone acet inj nos		16.00		0.00
06/10/21	J2001	Lidocaine injection	59	3.00		0.00
06/10/21	A4248	CHLORHEXIDINE ANTISEPT	59	3.00		0.00
06/10/21	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		0.00
06/10/21	G8427	Docev cur meds by elig clin		0.01		0.01

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281-694-5986

SYLVIA ARCE
630 W FAIRWAY LAKE DR
ALVIN, TX 77511-1023

(281)883-7198

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCSY000	1
Guarantor	Due Date	Payment Due
SYLVIA ARCE	Upon Receipt	62.64

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Date of Last Payment: 12/2/2024					Amount of Last Payment: -20.00		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
SYLVIA ARCE		ABDELNASER ELKHALILI MD		ARCSY000	CLS HEALTH	08/15/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AARP	Adjustments Remainder
08/30/21	99204	OFFICE VIST NEW LEVEL 4	25	522.00	-135.00	-139.09	-347.91 -100.00
Patient:					Chart Number:	Place of Service:	Date of Birth:
SYLVIA ARCE		REGINA PILLAI MD		ARCSY000	CLS HEALTH	08/15/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments Remainder
10/08/21	94060	Evaluation of wheezing		145.00	-10.00	-41.14	-103.86 -10.00
10/08/21	94726	Pulm funct tst plethysmograp		171.00	-20.02	-13.43	-122.57 14.98
10/08/21	94729	Co/membane diffuse capacity		186.00	-5.00	-52.74	-133.26 -5.00
10/08/21	J7613	Albuterol non-comp unit		2.00		-0.06	-1.92 0.02
Patient:					Chart Number:	Place of Service:	Date of Birth:
SYLVIA ARCE		ABDELNASER ELKHALILI MD		ARCSY000	CLS HEALTH	08/15/1956	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments Remainder
08/11/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-35.00	-133.20	-266.80 -35.00
08/11/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		-32.92	-136.08 35.00
08/11/22	J3301	Triamcinolone acet inj nos		24.00		-6.61	-15.74 1.65

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Amount Due

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281-694-5986

SYLVIA ARCE
630 W FAIRWAY LAKE DR
ALVIN, TX 77511-1023

(281)883-7198

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCSY000	2
Guarantor	Due Date	Payment Due
SYLVIA ARCE	Upon Receipt	62.64

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Webster, TX 77598

Patient: SYLVIA ARCE	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARCSY000	Place of Service: CLS HEALTH	Date of Birth: 08/15/1956
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Deductible	Devoted	Adjustments	Remainder
05/18/23	J3301	Triamcinolone acet inj nos		24.00		-7.04		-15.16	1.80

Patient: SYLVIA ARCE	Rendering Physician: LORRIE F. POOL APRN	Chart Number: ARCSY000	Place of Service: CLS HEALTH	Date of Birth: 08/15/1956
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Deductible	Devoted	Adjustments	Remainder
08/04/23	99999	NO SHOW		25.00		0.00			25.00
09/12/23	99999	NO SHOW		25.00		0.00			25.00
02/27/24	99999	NO SHOW		25.00		0.00			25.00

Patient: SYLVIA ARCE	Rendering Physician: MICHAEL A. MONMOUTH MD	Chart Number: ARCSY000	Place of Service: CLS HEALTH	Date of Birth: 08/15/1956
--------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Deductible	Devoted	Adjustments	Remainder
10/20/23	J7325	Synvisc or synvisc-one		1,392.0		-330.03		-977.78	84.19

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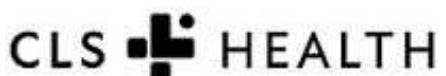
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Amount Due

62.64



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DARYL ARD
4202 LESLIES WAY
DICKINSON, TX 77539-2117

(832)217-4705

Statement Date	Invoice Number	Page
02/10/2025	CLS ARDDA000	1
Guarantor	Due Date	Payment Due
DARYL ARD	Upon Receipt	25.00

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Make Checks Payable To:

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 4/19/2024		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DARYL ARD	ABDELNASER ELKHALILI MD	ARDDA000	CLS HEALTH	04/17/1974
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/30/22	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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Webster, TX 77598
281-694-5986

DANA K. ARD
3107 KATHLEEN DR
BAYTOWN, TX 77523-0879

(832)414-3694

Statement Date	Invoice Number	Page
02/10/2025	CLS ARDDA001	1
Guarantor	Due Date	Payment Due
DANA K. ARD	Upon Receipt	10.89

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Date of Last Payment: 8/30/2021			Amount of Last Payment: -40.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DANA K. ARD		ABDELNASER ELKHALILI MD	ARDDA001	CLS HEALTH	06/24/1976
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
03/17/21	99214	OFFICE VISIT EST/LEVEL 4	404.00	-29.11	-40.00 -66.43
					-297.57 10.89

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Amount Due

10.89



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JIMMY D. ARDEN
217 FM-517 #20
DICKINSON, TX 77539-4007

(832)305-4366

Statement Date	Invoice Number	Page
02/10/2025	CLS ARDJI000	1
Guarantor	Due Date	Payment Due
JIMMY D. ARDEN	Upon Receipt	321.85

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Date of Last Payment: 4/19/2023				Amount of Last Payment: -0.10		
Patient: JIMMY D. ARDEN		Rendering Physician: LUIGI TERMINELLA MD		Chart Number: ARDJI000	Place of Service: UTMB	Date of Birth: 05/13/1962
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
06/30/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00		0.00	-330.00 165.00
07/01/22	99233	HOSPITAL, SUBSEQUENT , HIGH	315.00		0.00	-210.01 104.99
Patient: JIMMY D. ARDEN		Rendering Physician: OMAR ALBUSTAMI MD		Chart Number: ARDJI000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1962
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BRIGHT	Adjustments Remainder
09/13/22	99205	OFFICE VIST NEW LEVEL 5	25	689.00	-185.13	-442.16 61.71
Patient: JIMMY D. ARDEN		Rendering Physician: OMAR ALBUSTAMI MD		Chart Number: ARDJI000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1962
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BRIGHT	Adjustments Remainder
09/13/22	94060	Evaluation of wheezing	123.00	-53.35	-33.40	-78.47 -42.22
09/13/22	94726	Pulm funct tst plethysmograp	172.00		-46.72	-109.70 15.58
09/13/22	94729	Co/membane diffuse capacity	185.00		-50.39	-117.82 16.79

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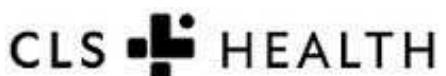
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Amount Due

321.85



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JONIQUE N. ARDION
8301 WILLOW PLACE DR N
HOUSTON, TX 77070-5747

(281)470-6060

Statement Date	Invoice Number	Page
02/10/2025	CLS ARDJO000	1
Guarantor	Due Date	Payment Due
JONIQUE N.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JONIQUE N. ARDION	MOUSTAFA M. AHMED MD	ARDJO000	CLS HEALTH	10/25/1997			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Remainder
02/17/22	99999	NO SHOW	25.00		0.00		25.00

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ANGELICA AREVELO
43 LUETTA ST
HOUSTON, TX 77076-4920

(832)715-0840

Statement Date	Invoice Number	Page
02/10/2025	CLS AREAN000	1
Guarantor	Due Date	Payment Due
ANGELICA	Upon Receipt	147.30

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Date of Last Payment:	2/29/2024	Amount of Last Payment:	-82.60
Patient: ANGELICA AREVELO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AREAN000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
11/12/22	99204	OFFICE VIST NEW LEVEL 4		503.00		0.00	-375.60	127.40
02/02/23	96372	Ther/proph/diag inj sc/im		43.00		0.00	-24.10	18.90
02/02/23	J0696	Ceftriaxone sodium injection		16.00		0.00	-15.00	1.00

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Amount Due

147.30



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ANITA ARELLANO
635 GILPIN ST
HOUSTON, TX 77034-2013

(713)822-5628

Statement Date	Invoice Number	Page
02/10/2025	CLS AREAN001	1
Guarantor	Due Date	Payment Due
ANITA ARELLANO	Upon Receipt	29.14

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Date of Last Payment:	7/17/2024	Amount of Last Payment:	-20.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:
ANITA ARELLANO	DAVID HAMER MD	AREAN001	CLS HEALTH

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/17/24	93000	Electrocardiogram complete		43.00		0.00	-28.55
07/17/24	93000	Electrocardiogram complete		43.00		0.00	-28.31

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Amount Due

29.14



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BRENDA M. ARELLANO
5401 RAMPART ST APT 329
HOUSTON, TX 77081-1321

(915)273-1983

Statement Date	Invoice Number	Page
02/10/2025	CLS AREBR000	1
Guarantor	Due Date	Payment Due
BRENDA M.	Upon Receipt	10.00

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Date of Last Payment:	4/25/2023	Amount of Last Payment:	-95.27	
Patient: BRENDA M. ARELLANO	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AREBR000	Place of Service: CLS HEALTH	Date of Birth: 04/05/1995

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
01/12/23	99205	OFFICE VIST NEW LEVEL 5	Q6	664.00		-221.76		-437.24 5.00
02/09/23	99215	OFFICE VISIT EST/LEVEL 5	Q6	540.00		-179.42		-355.58 5.00

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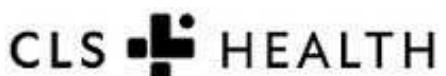
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Amount Due

10.00



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CAROLINA ARENAS
574 COUNTY ROAD 3415
CLEVELAND, TX 77327-1346

(832)891-8971

Statement Date	Invoice Number	Page
02/10/2025	CLS ARECA000	1
Guarantor	Due Date	Payment Due
CAROLINA	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment: 7/12/2023		Amount of Last Payment: -87.40					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CAROLINA ARENAS	ROHIT R. DHIR MD	ARECA000	CLS HEALTH	05/27/1965			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITEDHE	Adjustments	Reminder
01/23/24	99992	NO SHOW	50.00		0.00		50.00

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

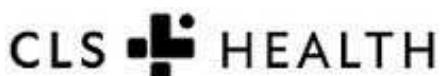
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Amount Due

50.00



PO BOX 58538
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FRANCISCO ARELLANO
4009 RED BRIAR TRL
DEER PARK, TX 77536-6648

(832)657-3962

Statement Date	Invoice Number	Page
02/10/2025	CLS AREFR000	1
Guarantor	Due Date	Payment Due
FRANCISCO	Upon Receipt	50.00

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
FRANCISCO ARELLANO		AREFR000	CLS HEALTH	12/12/1988	
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
02/02/22	99992	NO SHOW	50.00		0.00
					Adjustments Remainder 50.00

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Amount Due

50.00



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GONZALO ARELLANO
12130 ANNETTE RD
ANGLETON, TX 77515-8107

(979)864-0158

Statement Date	Invoice Number	Page
02/10/2025	CLS AREGO000	1
Guarantor	Due Date	Payment Due
GONZALO	Upon Receipt	565.27

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	3/28/2024	Amount of Last Payment:	-169.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GONZALO ARELLANO	SUNIL U. THOMAS MD	AREGO000	CLS HEALTH	01/10/1972

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
12/20/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-50.00	-161.03	0.00	-341.97 111.03
01/31/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-175.00	-106.43	0.00	-280.57 -68.57
01/31/24	99999	NO SHOW		25.00		0.00		25.00
01/11/24	99999	NO SHOW		25.00		0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GONZALO ARELLANO	SUNIL U. THOMAS MD	AREGO000	CLS HEALTH	01/10/1972

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
12/20/23	80307	Drug test prsmv chem analyzr		186.00		-35.56	0.00	-150.44 35.56
12/20/23	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19 135.81
03/19/24	80307	Drug test prsmv chem analyzr		186.00		-34.18	0.00	-151.82 34.18
03/19/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605.19 135.81

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GONZALO ARELLANO	SUNIL U. THOMAS MD	AREGO000	MEMORIAL	01/10/1972

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
12/29/23	64484	Inj foramen epidural add-on	RT	156.00		-49.41	0.00	-106.59 49.41
12/29/23	64483	Inj foramen epidural l/s	RT	336.00		-89.89	0.00	-246.11 89.89

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Amount Due

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GONZALO ARELLANO
12130 ANNETTE RD
ANGLETON, TX 77515-8107

(979)864-0158

Statement Date	Invoice Number	Page
02/10/2025	CLS AREGO000	2
Guarantor	Due Date	Payment Due
GONZALO	Upon Receipt	565.27

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Patient: GONZALO ARELLANO	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: AREGO000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1972
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Dates	Procedure	Description	Paid By		Applied to		Paid by BLUE	Adjustments		Remainder
			Modifier	Charge	Patient	Deductible				
03/28/24	27096	Inject sacroiliac joint	RT	493.00	-169.00	-155.99	0.00		-337.01	-13.01
03/28/24	J3301	Triamcinolone acet inj nos		12.00		-5.16	0.00		-6.84	5.16

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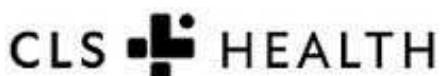
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Amount Due

565.27



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281-694-5986

GUDALUPE AREVALO
7418 WINDSOR VALLEY LN
HOUSTON, TX 77049-1295

(281)787-8102

Statement Date	Invoice Number	Page
02/10/2025	CLS AREGU000	1
Guarantor	Due Date	Payment Due
GUDALUPE	Upon Receipt	40.63

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
GUDALUPE AREVALO	NISARG PATEL MD	AREGU000	HARBOR	03/20/1932			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
05/28/22	99223	INITIAL HOSPITAL/HIGH	GW	609.00	-163.03	-405.34	40.63

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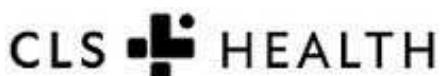
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Amount Due

40.63



PO BOX 58538
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281-694-5986

SILVIA AREVALO ALVARADO
920 BECKER ST
CHANNELVIEW, TX 77530-2829

(832)368-0428

Statement Date	Invoice Number	Page
02/10/2025	CLS ARESI000	1
Guarantor	Due Date	Payment Due
SILVIA AREVALO	Upon Receipt	24.80

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Date of Last Payment: 12/12/2024

Amount of Last Payment: -10.00

Patient: SILVIA AREVALO	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ARESI000	Place of Service: BAY AREA	Date of Birth: 03/23/1963
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			Ambetter
06/13/23	43239	Egd biopsy single/multiple		415.00	-46.05		-344.15	24.80

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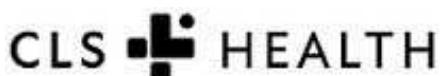
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24.80



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281-694-5986

VERONICA A. ARELLANO
4312 PINE SHADOWS ST
DICKINSON, TX 77539-7019

(281)773-2660

Statement Date	Invoice Number	Page
02/10/2025	CLS AREVE000	1
Guarantor	Due Date	Payment Due
VERONICA A.	Upon Receipt	1185.19

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Date of Last Payment:	7/16/2024	Amount of Last Payment:	-243.27
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Patient: VERONICA A. ARELLANO	Rendering Physician: ROBERT A. DARLING MD	Chart Number: AREVE000	Place of Service: CLS HEALTH	Date of Birth: 09/06/1983
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
02/13/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-35.00	-155.36		-351.64	-35.00
02/13/24	31575	Diagnostic laryngoscopy		389.00		-89.92		-264.08	35.00

Patient: VERONICA A. ARELLANO	Rendering Physician: ROBERT A. DARLING MD	Chart Number: AREVE000	Place of Service: CLEAR LAKE	Date of Birth: 09/06/1983
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
05/10/24	31267	Endoscopy maxillary sinus	50	813.00	-189.54	0.00		-623.46	189.54
05/10/24	30520	Repair of nasal septum		2,062.0	-655.33	0.00		-1,406.67	655.33
05/10/24	31254	Nsl/sins ndsc w/prtl ethmdct	LT	743.00	-115.79	0.00		-627.21	115.79
05/10/24	31259	Nsl/sins ndsc sphn tiss rrm	RT	1,464.0	-224.53	0.00		-1,239.47	224.53

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1,185.19



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Statement Date	Invoice Number	Page
02/10/2025	CLS ARFRA000	1
Guarantor	Due Date	Payment Due
RAIHANA ARFIN	Upon Receipt	748.46

RAIHANA ARFIN
3101 SPENCER HWY APT IT178
PASADENA, TX 77504-1160

(346)404-1375

Pay Online

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Date of Last Payment: 10/31/2024

Amount of Last Payment: -122.85

Patient: RAIHANA ARFIN	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ARFRA000	Place of Service: CLS HEALTH	Date of Birth: 02/03/1989
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
05/15/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-5.00	-171.77	-331.23	-5.00
05/15/23	76816	OB US FOLLOW-UP PER FETUS		333.00		-67.60	-236.43	28.97
09/06/23	76816	OB US FOLLOW-UP PER FETUS		333.00		-67.60	-236.43	28.97

Patient: RAIHANA ARFIN	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ARFRA000	Place of Service: CLS HEALTH	Date of Birth: 02/03/1989
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
08/21/23	99204	OFFICE VIST NEW LEVEL 4		503.00		-166.77	-331.23	5.00

Patient: RAIHANA ARFIN	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ARFRA000	Place of Service: CLEAR LAKE	Date of Birth: 02/03/1989
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
10/03/23	59400	Obstetrical care		7,404.0		-1,611.22	-5,102.26	690.52

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Amount Due

748.46



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281-694-5986

BRYSON D. ARGO
4704 DONALD ST
SEABROOK, TX 77586-2013

(713)449-1890

Statement Date	Invoice Number	Page
02/10/2025	CLS ARGBR000	1
Guarantor	Due Date	Payment Due
BRYSON D.	Upon Receipt	129.50

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Date of Last Payment: 1/12/2023			Amount of Last Payment: -589.05		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BRYSON D. ARGO		MAAMOUN A. HARMOUCH	ARGBR000	HOUSTON	07/28/1996
Dates	Procedure	Description	Paid By	Applied to	Paid by
			Modifier	Charge	Patient Deductible
10/07/22	99220	Observation, Initial - High Severity	57	550.00	-129.50
					0.00
					UNITED
					Adjustments
					Remainder
					-420.50
					129.50

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DARIA B. ARGUETA BERRIOS
2710 PILGRIMS POINT DR
WEBSTER, TX 77598-3231

(832)997-6153

Statement Date	Invoice Number	Page
02/10/2025	CLS ARGDA000	1
Guarantor	Due Date	Payment Due
DARIA B.	Upon Receipt	256.80

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CLS HEALTH PLLC
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Webster, TX 77598

Date of Last Payment:	Amount of Last Payment:
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Patient: DARIA B. ARGUETA	Rendering Physician: ALI EZZO MD	Chart Number: ARGDA000	Place of Service: UTMB	Date of Birth: 05/13/1986
-------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
03/21/22	99220	Observation, Initial - High Severity		550.00		0.00	-366.64	183.36

Patient: DARIA B. ARGUETA	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ARGDA000	Place of Service: UTMB	Date of Birth: 05/13/1986
-------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
03/22/22	99217	OBSERVATION DISCHARGE		220.00		0.00	-146.56	73.44

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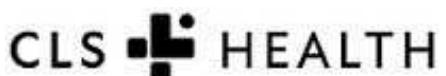
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Amount Due

256.80



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JOSE E. ARGUETA
526 LAUREL ST
LA MARQUE, TX 77568-4260

(409)256-4116

Statement Date	Invoice Number	Page
02/10/2025	CLS ARGJO000	1
Guarantor	Due Date	Payment Due
JOSE E.	Upon Receipt	34.84

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Date of Last Payment: 1/18/2024				Amount of Last Payment: -5.00			
Patient:		Rendering Physician:		Chart Number:		Place of Service:	
JOSE E. ARGUETA		REGINA PILLAI MD		ARGJO000		CLS HEALTH	
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments Remainder
02/02/21	99214	OFFICE VISIT EST/LEVEL 4		404.00	-3.00	-100.93	-269.43 30.64
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments Remainder
07/07/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-53.31	-170.82	-269.24 3.63
09/16/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-37.39	-140.89	-376.15 9.57
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	Ambetter	Adjustments Remainder
07/19/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-9.00	-133.20	-266.80 -9.00

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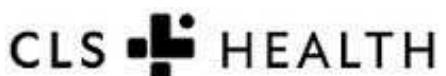
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Amount Due

34.84



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MICHAEL Z. ARGO
4704 DONALD ST
SEABROOK, TX 77586-2013

(832)358-4398

Statement Date	Invoice Number	Page
02/10/2025	CLS ARGMI000	1
Guarantor	Due Date	Payment Due
MICHAEL Z.	Upon Receipt	177.65

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Date of Last Payment:	11/26/2024	Amount of Last Payment:	-40.00
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Patient: MICHAEL Z. ARGO	Rendering Physician: MARY MERCADO MD	Chart Number: ARGMI000	Place of Service: CLS HEALTH	Date of Birth: 02/25/1958
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WellMed	Adjustments	Remainder
04/23/24	93000	Electrocardiogram complete		43.00		0.00	-28.31	14.69

Patient: MICHAEL Z. ARGO	Rendering Physician: AHMAD S. AL-TAWEEL MD	Chart Number: ARGMI000	Place of Service: CLS HEALTH	Date of Birth: 02/25/1958
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WellMed	Adjustments	Remainder
10/22/24	93000	Electrocardiogram complete		43.00		0.00	-28.31	14.69
11/12/24	93306	Tte w/doppler complete		585.00	-50.00	0.00	-386.73	148.27

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AGRIPINA ARIZPE GONZALEZ
1600 MAIN ST TRLR 18
LA MARQUE, TX 77568-5600

(409)655-7129

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIAG000	1
Guarantor	Due Date	Payment Due
AGRIPINA	Upon Receipt	165.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AGRIPINA ARIZPE	KAREEM GADELMOLA MD	ARIAG000	MAINLAND	10/08/1954
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/06/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00	0.00
			Paid by TMHP	Adjustments Remainder
				-330.00 165.00

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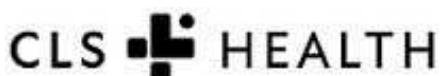
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Amount Due

165.00



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ARNULFO ARIZA ARIZA
305 HOBBS RD
LEAGUE CITY, TX 77573-3578

(832)221-7955

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIAR000	1
Guarantor	Due Date	Payment Due
ARNULFO ARIZA	Upon Receipt	260.36

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Date of Last Payment:	9/28/2021	Amount of Last Payment:	0.00
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Patient: ARNULFO ARIZA ARIZA	Rendering Physician: ALI EZZO MD	Chart Number: ARIAR000	Place of Service: UTMB	Date of Birth: 12/08/1954
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
04/25/21	99220	Observation, Initial - High Severity		559.00		0.00	-372.69	186.31

Patient: ARNULFO ARIZA ARIZA	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ARIAR000	Place of Service: UTMB	Date of Birth: 12/08/1954
--	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
04/26/21	99217	OBSERVATION DISCHARGE		222.00		0.00	-147.95	74.05

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Amount Due

260.36



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AVA LYNNE J. ARISS
4310 LUCIAN LN
FRIENDSWOOD, TX 77546-4217

(206)883-3458

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIAV000	1
Guarantor	Due Date	Payment Due
AVA LYNNE J.	Upon Receipt	21.00

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Date of Last Payment: 12/19/2023

Amount of Last Payment: -36.00

Patient: AVA LYNNE J. ARISS	Rendering Physician: MAHESWARY	Chart Number: ARIAV000	Place of Service: CLEAR LAKE	Date of Birth: 10/10/2003
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TRICARE		
11/02/21	99236	Hosp/Obs - Admit/Disch Same Day Level		660.00	-21.00	-154.92	-484.08	21.00

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21.00



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BEATRIZ E. ARIAS
265 EL DORADO BLVD APT 2000
WEBSTER, TX 77598-2238

(832)944-9812

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIBE000	1
Guarantor	Due Date	Payment Due
BEATRIZ E.	Upon Receipt	13.21

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Date of Last Payment: 3/17/2023		Amount of Last Payment: -52.87			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BEATRIZ E. ARIAS		JIHAD M. HARMOUCHE MD	ARIBE000	CLS HEALTH	12/07/1996
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
12/14/22	99203	OFFICE VIST NEW LEVEL 3	339.00	-40.00	-40.00
					-52.87
					-232.92
					13.21

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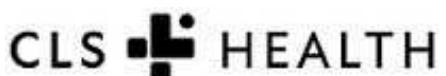
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Amount Due

13.21



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CHERYL ARIASLAZO
1210 EL CAMINO VILLAGE DR
APT 3027
HOUSTON, TX 77058-6011
(832)969-9430

Statement Date	Invoice Number	Page
02/10/2025	CLS ARICH000	1
Guarantor	Due Date	Payment Due
CHERYL	Upon Receipt	274.42

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

Date of Last Payment:	Amount of Last Payment:
Patient: CHERYL ARIASLAZO	Rendering Physician: KAREEM GADELMOLA MD Chart Number: ARICH000 Place of Service: HOUSTON Date of Birth: 05/28/1996

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
02/25/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00	-343.18	151.82
02/26/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		0.00	-236.40	122.60

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Amount Due

274.42



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JOSE G. ARISPE AGUIRRE
2206 ROCKY SHORES LN
HOUSTON, TX 77089-1569

(832)654-7083

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIJO005	1
Guarantor	Due Date	Payment Due
JOSE G. ARISPE	Upon Receipt	217.51

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Date of Last Payment:	9/23/2024	Amount of Last Payment:	-406.46	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOSE G. ARISPE AGUIRRE	AHMAD S. AL-TAWEEL MD	ARIJO005	CLS HEALTH	05/25/1954

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	WELCARE	Adjustments		Remainder
				Charge	Applied to					
04/01/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-50.00	-223.06	0.00		-445.94	173.06
04/01/24	93000	Electrocardiogram complete		43.00		-14.45	0.00		-28.55	14.45
04/02/24	93306	Tte w/doppler complete		585.00			-99.71		-455.29	30.00

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LYDIA ARIAS
6323 GOFORTH ST
HOUSTON, TX 77021-2753

(713)741-0624

Statement Date	Invoice Number	Page
02/10/2025	CLS ARILY000	1
Guarantor	Due Date	Payment Due
LYDIA ARIAS	Upon Receipt	77.18

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Date of Last Payment:	Amount of Last Payment:
Patient: LYDIA ARIAS	Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LYDIA ARIAS	FARRAH ALI FNP-C	ARILY000	SYLVAN	02/26/1938

Dates	Procedure	Description	Modifier	Charge	Paid By		Paid by MEDICARE	Adjustments		Remainder
					Applied to	Patient Deductible				
04/30/21	99306	Nursing Home Initial Visit Level 3	GW	512.00		-29.02	-116.07		-366.91	29.02
05/03/21	99308	Nursing fac care subseq	GW	212.00		-12.04	-48.15		-151.81	12.04
05/07/21	99308	Nursing fac care subseq	GW	212.00		-12.04	-48.15		-151.81	12.04
05/11/21	99308	Nursing fac care subseq	GW	212.00		-12.04	-48.15		-151.81	12.04
05/14/21	99308	Nursing fac care subseq	GW	212.00		-12.04	-48.15		-151.81	12.04

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77.18



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MARTHA C. ARIZA
922 HALEWOOD DR
HOUSTON, TX 77062-3305

(210)601-4787

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIMA000	1
Guarantor	Due Date	Payment Due
MARTHA C. ARIZA	Upon Receipt	54.61

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	8/5/2022	Amount of Last Payment:	-54.62
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Patient: MARTHA C. ARIZA	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ARIMA000	Place of Service: CLS HEALTH	Date of Birth: 08/03/1973
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Dates	Procedure	Description	Paid By			Paid by BLUE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
12/03/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00	-52.42	-40.00	-32.31		-211.69 -12.42
12/03/21	52000	Cystoscopy		743.00	-27.46	-57.24	-228.96		-456.80 29.78
12/09/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00		-40.00	-32.31		-211.69 40.00

Patient: MARTHA C. ARIZA	Rendering Physician: DANNY M. MOUNIR MD	Chart Number: ARIMA000	Place of Service: CLS HEALTH	Date of Birth: 08/03/1973
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by BLUE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
11/24/21	76775	Us exam abdo back wall lim		185.00	-12.32	-9.57	-38.30		-137.13 -2.75

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Amount Due
54.61



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MARIA A. ARIZMENDI
8950 HAMMERLY BLVD APT 121
HOUSTON, TX 77080-6707

(832)266-6295

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIMA001	1
Guarantor	Due Date	Payment Due
MARIA A.	Upon Receipt	76.24

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Date of Last Payment:	8/12/2022	Amount of Last Payment:	-141.45
Patient: MARIA A. ARIZMENDI	Rendering Physician: NISARG PATEL MD	Chart Number: ARIMA001	Place of Service: HARBOR

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
07/11/22	99223	INITIAL HOSPITAL/HIGH	GW	609.00		-161.39	-406.98	40.63
07/13/22	99233	HOSPITAL, SUBSEQUENT , HIGH	GW	315.00		-83.41	-210.59	21.00
07/14/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-58.04	-146.35	14.61

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76.24



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NASREEN ARIF
10906 CLEAR VILLA LN
HOUSTON, TX 77034-2144

(346)515-7082

Statement Date	Invoice Number	Page
02/10/2025	CLS ARINA000	1
Guarantor	Due Date	Payment Due
NASREEN ARIF	Upon Receipt	28.07

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Date of Last Payment: 11/22/2023					Amount of Last Payment: -129.42				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
NASREEN ARIF		AHMED A. MORSY MD		ARINA000		CLS HEALTH		10/01/1956	
Paid By Applied to Paid by									
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	Ambetter	Adjustments	Remainder
05/11/23	73130	X-ray exam of hand	LT	112.00	-76.70	-32.60	0.00	-79.40	-44.10
Paid By Applied to Paid by									
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	Ambetter	Adjustments	Remainder
05/10/23	20610	Drain/inj joint/bursa w/o us	RT	197.00	-23.10	-67.20	0.00	-129.80	44.10
Paid By Applied to Paid by									
Dates	Procedure	Description	Modifier	Charge	Patient	Deductible	Ambetter	Adjustments	Remainder
07/31/23	97162	Pt eval mod complex 30 min	GP	304.00	-55.00	-83.07	0.00	-220.93	28.07

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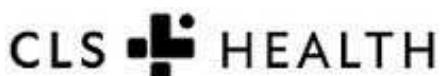
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Amount Due

28.07



PO BOX 58538
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281-694-5986

RAFAEL M. ARIZMENDEZ
219 EMPRESS DR
HOUSTON, TX 77034-1501

(832)712-7688

Statement Date	Invoice Number	Page
02/10/2025	CLS ARIRA000	1
Guarantor	Due Date	Payment Due
RAFAEL M.	Upon Receipt	22.64

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	9/13/2022	Amount of Last Payment:	-107.67
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Patient: RAFAEL M. ARIZMENDEZ	Rendering Physician: JAWDAT HAFEZ DPM	Chart Number: ARIRA000	Place of Service: CLS HEALTH	Date of Birth: 02/07/1956
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	HUMANA		
05/20/22	11042	Deb subq tissue 20 sq cm/<	RT	187.00		-117.38		-49.62	20.00

Patient: RAFAEL M. ARIZMENDEZ	Rendering Physician: JAWDAT HAFEZ DPM	Chart Number: ARIRA000	Place of Service: CLS HEALTH	Date of Birth: 02/07/1956
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	HUMANA		
05/10/22	L3260	Ambulatory surgical boot eac	RT	45.00		-10.54		-31.82	2.64

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Amount Due

22.64



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

SABINA M. ARIF
2618 VANILLA SKY LN
LA MARQUE, TX 77568-2209

(346)289-5098

Statement Date	Invoice Number	Page
02/10/2025	CLS ARISA000	1
Guarantor	Due Date	Payment Due
SABINA M. ARIF	Upon Receipt	162.12

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Date of Last Payment: 11/21/2022			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SABINA M. ARIF		JIHAD M. HARMOUCHE MD	ARISA000	CLS HEALTH	06/19/1992
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
08/24/22	99204	OFFICE VIST NEW LEVEL 4	521.00	-80.00	-75.98
08/24/22	81000	Urinalysis nonauto w/scope	12.00	-2.69	0.00
08/24/22	76830	Transvaginal us non-ob	59	385.00	-99.79
					0.00
					-285.21
					99.79
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SABINA M. ARIF		JIHAD M. HARMOUCHE MD	ARISA000	CLS HEALTH	06/19/1992
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
08/24/22	76856	Us exam pelvic complete	TC	236.00	-61.21
08/25/22	76856	Us exam pelvic complete	26	104.00	-28.43
					0.00
					-174.79
					61.21
					-75.57
					28.43

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Amount Due

162.12



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SHAHNAZ P. ARIF
2319 DEWFORD FALLS DR
RICHMOND, TX 77469-1248

(346)812-4636

Statement Date	Invoice Number	Page
02/10/2025	CLS ARISH000	1
Guarantor	Due Date	Payment Due
SHAHNAZ P. ARIF	Upon Receipt	50.00

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Date of Last Payment: 5/9/2024

Amount of Last Payment: 0.00

Patient: SHAHNAZ P. ARIF	Rendering Physician: KHAN KHURRUM MD	Chart Number: ARISH000	Place of Service: CLS HEALTH	Date of Birth: 07/10/1957
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELCARE	Adjustments	Remainder
07/26/24	99999	NO SHOW		25.00		0.00		25.00

Patient: SHAHNAZ P. ARIF	Rendering Physician: BUSHRA KHAN MD	Chart Number: ARISH000	Place of Service: CLS HEALTH	Date of Birth: 07/10/1957
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by WELCARE	Adjustments	Remainder
04/26/24	99205	OFFICE VIST NEW LEVEL 5		669.00		-197.73	-446.27	25.00

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Amount Due

50.00



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SOHAIL ARIF
17702 POINT COMFORT LN
WEBSTER, TX 77598-3237

(832)298-9375

Statement Date	Invoice Number	Page
02/10/2025	CLS ARISO000	1
Guarantor	Due Date	Payment Due
SOHAIL ARIF	Upon Receipt	41.29

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Date of Last Payment:	1/10/2023	Amount of Last Payment:	-128.20
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Patient: SOHAIL ARIF	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ARISO000	Place of Service: CLS HEALTH	Date of Birth: 08/21/1965
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
05/17/22	J3301	Triamcinolone acet inj nos		3.00		-0.56	-1.88	0.56
12/06/22	99214	OFFICE VISIT EST/LEVEL 4		400.00		-128.20	-266.80	5.00

Patient: SOHAIL ARIF	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ARISO000	Place of Service: CLS HEALTH	Date of Birth: 08/21/1965
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
12/06/22	73080	X-ray exam of elbow		103.00		-20.51	-73.70	8.79

Patient: SOHAIL ARIF	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ARISO000	Place of Service: CLS HEALTH	Date of Birth: 08/21/1965
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Reminder
12/06/22	L1820	KO ELAS W/ CONDYLE PADS & JO	LT	426.00	-5.00	-74.51	-319.55	26.94

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Amount Due

41.29



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HAMID ARJOMANDNIA
15900 SPACE CENTER BLVD APT C2
HOUSTON, TX 77062-6201

(832)466-9406

Statement Date	Invoice Number	Page
02/10/2025	CLS ARJHA000	1
Guarantor	Due Date	Payment Due
HAMID	Upon Receipt	20.00

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Date of Last Payment: 6/6/2023

Amount of Last Payment: -313.15

Patient: HAMID ARJOMANDNIA	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ARJHA000	Place of Service:	Date of Birth: 02/23/1957
--------------------------------------	---	----------------------------------	-------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Charge	Patient Deductible	RENAISSA			
05/02/23	99213	OFFICE VISIT EST/LEVEL 3	24	272.00		-71.59		-180.41	20.00

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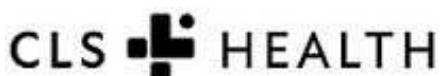
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Amount Due

20.00



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STEPHANIE ARKADIE
7646 BELBAY ST
HOUSTON, TX 77033-1305

(346)577-2192

Statement Date	Invoice Number	Page
02/10/2025	CLS ARKST000	1
Guarantor	Due Date	Payment Due
STEPHANIE	Upon Receipt	10.61

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Date of Last Payment:	5/17/2024		Amount of Last Payment:	-32.16
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
STEPHANIE ARKADIE	ROBERT A. DARLING MD	ARKST000	CLS HEALTH	07/06/1977

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Ambetter		
09/26/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-23.00	-166.77	-331.23	-18.00
09/26/23	69210	Remove impacted ear wax uni		145.00		-34.59	-95.59	14.82
10/26/23	69210	Remove impacted ear wax uni	LT	145.00		-32.16	-99.05	13.79

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

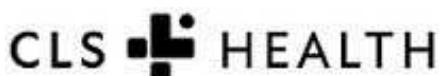
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If remitting payment via mail in check, Please include statement.

Amount Due

10.61



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AKIYLAH ARMSTEAD
10901 MEADOWGLEN LN APT 112
HOUSTON, TX 77042-3333

(832)642-5214

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMAK000	1
Guarantor	Due Date	Payment Due
AKIYLAH	Upon Receipt	276.95

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Date of Last Payment:	Amount of Last Payment:
Patient: AKIYLAH ARMSTEAD	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/21/21	99223	INITIAL HOSPITAL/HIGH		609.00		0.00	-405.85
12/22/21	99238	Hospital discharge day		221.00		0.00	-147.20

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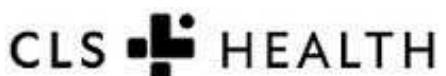
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Amount Due

276.95



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ALFONSO ARMORA
7827 PEEKSKILL LN
HOUSTON, TX 77075-2912

(281)908-3272

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMAL000	1
Guarantor	Due Date	Payment Due
ALFONSO	Upon Receipt	15.00

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Date of Last Payment: 2/26/2021			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ALFONSO ARMORA		ABDELNASER ELKHALILI MD	ARMAL000	CLS HEALTH	01/23/1964
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MOLINA
01/19/21	99215	OFFICE VISIT EST/LEVEL 5	564.00	-10.00	-134.57
04/19/21	99999	NO SHOW	25.00		0.00
			Adjustments		Remainder
					-429.43 -10.00
					25.00

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Amount Due

15.00



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ALBERT J. ARMIJO
201 MCDERMOTT ST APT 150
DEER PARK, TX 77536-6096

(916)416-3912

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMAL002	1
Guarantor	Due Date	Payment Due
ALBERT J.	Upon Receipt	52.04

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Date of Last Payment: 10/24/2023	Amount of Last Payment: -50.99
Patient: ALBERT J. ARMIJO	Rendering Physician: FARRAH ALI FNP-C

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	PROCARE		
07/04/23	99308	Nursing fac care subseq		224.00		-50.99	-160.00	13.01
07/10/23	99308	Nursing fac care subseq		224.00		-50.99	-160.00	13.01
07/18/23	99308	Nursing fac care subseq		224.00		-50.99	-160.00	13.01
07/24/23	99308	Nursing fac care subseq		224.00		-50.99	-160.00	13.01

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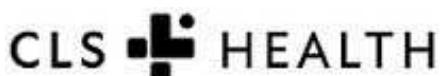
Call 281-694-5986

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

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

Amount Due

52.04



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

CATHERINE R. ARMSTRON
2405 INTREPID WAY
LEAGUE CITY, TX 77573-2829

(281)757-6027

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMCA002	1
Guarantor	Due Date	Payment Due
CATHERINE R.	Upon Receipt	10.00

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or scan the QR Code



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Date of Last Payment: 4/1/2024

Amount of Last Payment: -112.45

Patient: CATHERINE R. ARMSTRON	Rendering Physician: AMANDA G. JOHNSON NP	Chart Number: ARMCA002	Place of Service: CLS HEALTH	Date of Birth: 05/14/2001
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
02/27/24	99244	OFFICE CONSULTATION/LEVEL 4		374.00	-40.00	-112.45	-236.55	-15.00
04/08/24	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

10.00



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ESTELLE ARMSTRONG
5707 WINDMILL LN
DICKINSON, TX 77539-1130

(786)554-9551

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMES000	1
Guarantor	Due Date	Payment Due
ESTELLE	Upon Receipt	74.31

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Date of Last Payment: 9/29/2022	Amount of Last Payment: -16.19
---------------------------------	--------------------------------

Patient: ESTELLE ARMSTRONG	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ARMES000	Place of Service: UTMB	Date of Birth: 10/26/1929
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by MEDICARE	Paid by UNITED	Adjustments		Remainder
				Charge	Patient Deductible					
06/01/22	99223	INITIAL HOSPITAL/HIGH	AI	609.00		-160.89	-10.16	-407.48	30.47	
06/02/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.86	-3.65	-146.53	10.96	
06/03/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.86	-3.65	-146.53	10.96	
06/04/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.86	-3.65	-146.53	10.96	
06/05/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-57.86	-3.65	-146.53	10.96	

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

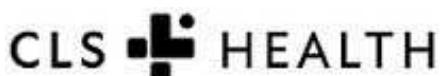
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Amount Due

74.31



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JESUS A. ARMENDARIZ
16022 1ST ST TRLR A
CHANNELVIEW, TX 77530-4332

(346)341-8609

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMJE001	1
Guarantor	Due Date	Payment Due
JESUS A.	Upon Receipt	325.51

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Date of Last Payment:	Amount of Last Payment:
Patient: JESUS A. ARMENDARIZ	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	AETNA			
02/20/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-201.59	0.00		-293.41	201.59
02/21/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00	-123.92	0.00		-221.08	123.92

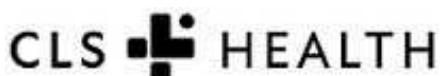
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Amount Due
325.51



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281-694-5986

LINDA C. ARMSTRONG
3013 MCARTHUR DR
LA MARQUE, TX 77568-3620

(409)938-7384

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMLI000	1
Guarantor	Due Date	Payment Due
LINDA C.	Upon Receipt	20.00

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Date of Last Payment: 8/21/2023			Amount of Last Payment: -115.82		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LINDA C. ARMSTRONG		CHARLIE C. CHANG MD	ARMLI000	CLS HEALTH	10/06/1945
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by RENAISSA
07/29/21	99214	OFFICE VISIT EST/LEVEL 4	Q6	404.00	-121.30
					Adjustments Remainder -262.70 20.00

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20.00



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LOURDES ARMSTRONG
2602 32ND AVE N
TEXAS CITY, TX 77590-3831

(409)370-4203

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMLO001	1
Guarantor	Due Date	Payment Due
LOURDES	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LOURDES ARMSTRONG	AHMED A. MORSY MD	ARMLO001	CLS HEALTH	12/15/1982
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
04/09/24	99999	NO SHOW	25.00	Paid by CASH
				Adjustments Remainder
				25.00

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Amount Due

25.00



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281-694-5986

MARIA ARMORA
7827 PEEKSKILL LN
HOUSTON, TX 77075-2912

(281)908-3272

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMMA002	1
Guarantor	Due Date	Payment Due
MARIA ARMORA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA ARMORA	AMANDA G. JOHNSON NP	ARMMA002	CLS HEALTH	07/10/1968
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
06/25/21	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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281-694-5986

MERIDETH N. ARMSTRONG
3003 HIGHWAY 146 S
LA PORTE, TX 77571-6576

(713)471-5981

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMME000	1
Guarantor	Due Date	Payment Due
MERIDETH N.	Upon Receipt	30.03

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Webster, TX 77598

Date of Last Payment:	11/5/2024	Amount of Last Payment:	-60.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MERIDETH N. ARMSTRONG	ABDELNASER ELKHALILI MD	ARMME000	CLS HEALTH	01/06/1989

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/14/21	G8483	Flu imm no admin doc rea		0.01		0.00	0.01
04/14/21	G8420	Calc bmi norm parameters		0.01		0.00	0.01
04/14/21	G8427	Docev cur meds by elig clin		0.01		0.00	0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MERIDETH N. ARMSTRONG	ABDELNASER ELKHALILI MD	ARMME000	CLS HEALTH	01/06/1989

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
04/25/23	99212	OFFICE VISIT EST/LEVEL 2	25	171.00		-14.17	-126.83 30.00

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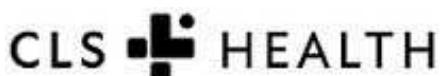
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Amount Due

30.03



PO BOX 58538
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281-694-5986

MICHELLE D. ARMOUR
1543 HATFIELD RD
PEARLAND, TX 77581-3111

(936)203-6287

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMMI000	1
Guarantor	Due Date	Payment Due
MICHELLE D.	Upon Receipt	15.00

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Date of Last Payment:	8/18/2022	Amount of Last Payment:	0.00
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Patient: MICHELLE D. ARMOUR	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARMMI000	Place of Service: CLS HEALTH	Date of Birth: 11/15/1968
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	Ambetter		
04/27/21	99205	OFFICE VIST NEW LEVEL 5		690.00	-10.00	-229.84		-460.16	-10.00

Patient: MICHELLE D. ARMOUR	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARMMI000	Place of Service: CLS HEALTH	Date of Birth: 11/15/1968
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier	Charge	Patient Deductible	BRIGHT	
07/12/22	99999	NO SHOW		25.00		0.00		25.00

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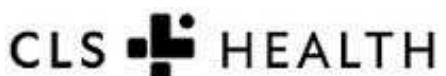
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Amount Due

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STACY M. ARMSTRONG
706 CORYELL ST
LEAGUE CITY, TX 77573-2316

(409)256-7685

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMST001	1
Guarantor	Due Date	Payment Due
STACY M.	Upon Receipt	30.00

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Date of Last Payment: 6/21/2024			Amount of Last Payment: -20.60		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
STACY M. ARMSTRONG		MICHAEL G. BARACY MD	ARMST001	CLS HEALTH	12/07/1967
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITED
05/23/24	87481	Candida dna amp probe	59	525.00	-73.00
					Adjustments Remainder -422.00 30.00

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281-694-5986

VICKY L. ARMSTRONG
404 CHIP ST UNIT B
LA MARQUE, TX 77568-4416

(409)256-6081

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMVI002	1
Guarantor	Due Date	Payment Due
VICKY L.	Upon Receipt	20.00

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Date of Last Payment: 10/16/2023

Amount of Last Payment: -191.51

Patient: VICKY L. ARMSTRONG	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ARMVI002	Place of Service: CLS HEALTH	Date of Birth: 06/12/1961
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	HUMANA		
09/27/23	99205	OFFICE VIST NEW LEVEL 5	Q6	664.00		-191.51	-452.49	20.00

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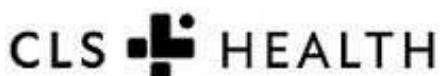
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20.00



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VIRGINIA ARMSTRONG
12105 PALMSPRINGS DR
HOUSTON, TX 77034-3848

(832)545-8977

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMVI003	1
Guarantor	Due Date	Payment Due
VIRGINIA	Upon Receipt	50.00

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Date of Last Payment:	Amount of Last Payment:
Patient: VIRGINIA ARMSTRONG	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
10/10/23	99999	NO SHOW		25.00		0.00	25.00
10/24/23	99999	NO SHOW		25.00		0.00	25.00

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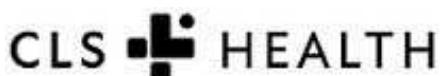
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Amount Due

50.00



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CHRISTINA ARNwine
3203 SENECA LANDING LN
PEARLAND, TX 77584-1923

(210)737-4713

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNCH001	1
Guarantor	Due Date	Payment Due
CHRISTINA	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHRISTINA ARNwine	MOUSTAFA M. AHMED MD	ARNCH001	CLS HEALTH	10/13/1977
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
11/13/23	99999	NO SHOW	25.00	Paid by UNITED
				Adjustments Remainder
				25.00

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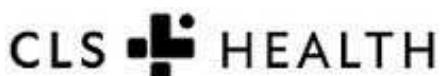
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Amount Due

25.00



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COLVIN M. ARNOLD
6720 HIGHWAY 1765
TEXAS CITY, TX 77591-3864

(409)888-0143

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNCO000	1
Guarantor	Due Date	Payment Due
COLVIN M.	Upon Receipt	165.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
COLVIN M. ARNOLD	KAREEM GADELMOLA MD	ARNCO000	MAINLAND	08/12/1974
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by TMHP
10/17/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00	0.00
				Adjustments Remainder
				-330.00 165.00

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

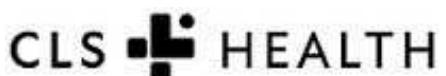
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Amount Due

165.00



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DANIEL L. ARNOLD
4314 DURANT AVE TRLR 11
DEER PARK, TX 77536-6908

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNDA000	1
Guarantor	Due Date	Payment Due
DANIEL L.	Upon Receipt	25.00

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Date of Last Payment:	Amount of Last Payment:							
Patient: DANIEL L. ARNOLD	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ARNDA000	Place of Service: CLS HEALTH	Date of Birth: 02/16/1981				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
11/08/23	99999	NO SHOW		25.00		0.00		25.00

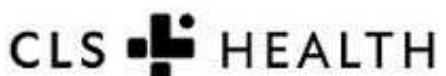
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Statement Date	Invoice Number	Page
02/10/2025	CLS ARNER000	1
Guarantor	Due Date	Payment Due
ERIC ARNOLD	Upon Receipt	16.67

ERIC ARNOLD

TX

(713)894-9662

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ERIC ARNOLD		ROHIT R. DHIR MD	ARNER000	CLS HEALTH	07/09/1980
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CASH
08/16/22	99992	NO SHOW	50.00		0.00
					-33.33
					16.67

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

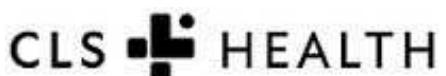
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Amount Due

16.67



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JOY L. ARNALL
1111 BAYSHORE DR APT 316
LA PORTE, TX 77571-5890

(281)923-0661

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNJO000	1
Guarantor	Due Date	Payment Due
JOY L. ARNALL	Upon Receipt	25.00

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Date of Last Payment:	1/31/2022	Amount of Last Payment:	-342.91
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Patient: JOY L. ARNALL	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ARNJO000	Place of Service: CLS HEALTH	Date of Birth: 10/17/1948
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by HUMANA	Adjustments	Remainder
08/15/22	99999	NO SHOW		25.00		0.00		25.00

Patient: JOY L. ARNALL	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ARNJO000	Place of Service: CLS HEALTH	Date of Birth: 10/17/1948
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by HUMANA	Adjustments	Remainder
11/17/21	95811	Polysom 6>/yrs cpap 4/> parm	26	393.00	-175.00	-123.01	-269.99	-175.00
11/17/21	95811	Polysom 6>/yrs cpap 4/> parm	TC	1,590.0		-342.91	-1,072.09	175.00

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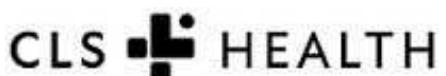
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Amount Due

25.00



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JOHNNIE L. ARNETT
934 CHASE PARK DR
BACLIFF, TX 77518-2441

(713)397-7831

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNJO001	1
Guarantor	Due Date	Payment Due
JOHNNIE L.	Upon Receipt	47.85

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Date of Last Payment:	2/13/2023	Amount of Last Payment:	-191.37
Patient: JOHNNIE L. ARNETT	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: ARNJO001	Place of Service: HOUSTON

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by CIGNA	Adjustments		Remainder
				Charge	Patient Deductible				
11/07/22	99220	Observation, Initial - High Severity		550.00		-122.22		-397.22	30.56
11/08/22	99226	Subsequent observation care		311.00		-69.15		-224.56	17.29

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Amount Due

47.85



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JUSTIN ARNETT
107 SMITH LN
LEAGUE CITY, TX 77573-4209

(832)457-9121

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNJUST000	1
Guarantor	Due Date	Payment Due
JUSTIN ARNETT	Upon Receipt	402.84

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Date of Last Payment:			Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
JUSTIN ARNETT	OMAR ALBUSTAMI MD	ARNJUST000	UTMB	10/08/1985		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
02/24/22	99238	Hospital discharge day	221.00		0.00	-147.20 73.80
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
JUSTIN ARNETT	LUIGI TERMINELLA MD	ARNJUST000	UTMB	10/08/1985		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELF PAY	Adjustments Remainder
02/24/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-210.01 104.99
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
JUSTIN ARNETT	ALEJANDRO RESTREPO MD	ARNJUST000	UTMB	10/08/1985		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments Remainder
02/23/22	99291	CRITICAL CARE 1ST HOUR	672.00		0.00	-447.95 224.05

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402.84

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KANDICE A. ARNDT
12732 24TH ST
SANTA FE, TX 77510-9200

(409)925-4026

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNKA000	1
Guarantor	Due Date	Payment Due
KANDICE A.	Upon Receipt	221.61

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Date of Last Payment: 11/7/2024	Amount of Last Payment: -26.94			
Patient: KANDICE A. ARNDT	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ARNKA000	Place of Service: CLS HEALTH	Date of Birth: 12/01/1956

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by MEDICARE	Adjustments		Remainder
				Charge	Applied to					
07/19/21	99204	OFFICE VIST NEW LEVEL 4	25	522.00	-33.79		-139.49		-347.69	1.03
09/02/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-15.26	-26.91	-107.83		-269.26	11.65
09/02/21	62370	Anl sp inf pmp w/mdreprg&fil		311.00		-20.75	-83.15		-207.10	20.75
09/02/21	76942	Echo guide for biopsy		182.00		-12.10	-48.50		-121.40	12.10
09/23/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-15.26	-26.91	-107.83		-269.26	11.65
09/23/21	62370	Anl sp inf pmp w/mdreprg&fil		311.00		-20.75	-83.15		-207.10	20.75
12/06/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-15.26	-26.91	-107.83		-269.26	11.65
12/27/21	64420	Njx aa&/strd ntrcost nrv 1	RT	309.00	-40.00	-21.04	-84.27		-203.69	-18.96
12/30/21	62370	Anl sp inf pmp w/mdreprg&fil		296.00	-1.92	-20.75	-83.15		-192.10	18.83
12/30/21	76942	Echo guide for biopsy		183.00		-12.10	-48.50		-122.40	12.10
12/27/21	64421	Njx aa&/strd ntrcost nrvea	RT	104.00		-7.07	-28.35		-68.58	7.07
12/27/21	76942	Echo guide for biopsy	59	183.00		-12.10	-48.50		-122.40	12.10
02/21/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-68.74	-26.64	-106.56		-266.80	-42.10
02/21/22	62368	Analyze sp inf pump w/reprog		139.00		-9.26	-37.06		-92.68	9.26
03/17/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-15.26	-26.64	-106.56		-266.80	11.38
03/17/22	62368	Analyze sp inf pump w/reprog		139.00		-9.26	-37.06		-92.68	9.26
04/14/22	62370	Anl sp inf pmp w/mdreprg&fil		296.00	-20.08	-19.73	-78.12		-198.15	-0.35
06/10/22	62370	Anl sp inf pmp w/mdreprg&fil		296.00	-20.08		-78.12		-198.15	-0.35
08/25/22	62370	Anl sp inf pmp w/mdreprg&fil		296.00			-77.33		-198.94	19.73
08/25/22	76942	Echo guide for biopsy		183.00			-47.90		-122.88	12.22
11/07/22	62370	Anl sp inf pmp w/mdreprg&fil		296.00			-77.33		-198.94	19.73
11/07/22	76942	Echo guide for biopsy		183.00			-47.90		-122.88	12.22
01/23/23	62370	Anl sp inf pmp w/mdreprg&fil		281.00	-60.53		-75.30		-186.49	-41.32
01/23/23	76942	Echo guide for biopsy		176.00			-47.28		-116.66	12.06

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KANDICE A. ARNDT
12732 24TH ST
SANTA FE, TX 77510-9200

(409)925-4026

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNKA000	2
Guarantor	Due Date	Payment Due
KANDICE A.	Upon Receipt	221.61

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04/10/23	62370	Anl sp inf pmp w/mdrepg&fil	281.00	-12.10	-75.30	-186.49	7.11	
04/10/23	76942	Echo guide for biopsy	176.00		-47.28	-116.66	12.06	
09/28/23	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-26.94	-72.95	-180.44	-8.33

Patient: KANDICE A. ARNDT	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ARNKA000	Place of Service: CLS HEALTH	Date of Birth: 12/01/1956
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Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
03/09/22	72125	Ct neck spine w/o dye		430.00	-82.15	-28.67	-114.67	-286.66 -53.48

Patient: KANDICE A. ARNDT	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ARNKA000	Place of Service: CLS HEALTH	Date of Birth: 12/01/1956
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Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
04/19/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-103.17	-255.51	-0.62
04/19/23	62368	Analyze sp inf pump w/reprog		134.00		-35.78	-89.09	9.13
05/05/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-103.17	-255.51	-0.62
05/05/23	62368	Analyze sp inf pump w/reprog		134.00		-35.78	-89.09	9.13

Patient: KANDICE A. ARNDT	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ARNKA000	Place of Service: CLS HEALTH	Date of Birth: 12/01/1956
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Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
06/26/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-87.70	-274.93	-4.57
06/26/23	62368	Analyze sp inf pump w/reprog		134.00		-30.41	-95.83	7.76
06/30/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-87.70	-274.93	-4.57
06/30/23	62368	Analyze sp inf pump w/reprog		134.00		-30.41	-95.83	7.76
09/01/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-87.70	-274.93	-4.57

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KANDICE A. ARNDT
12732 24TH ST
SANTA FE, TX 77510-9200

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Statement Date	Invoice Number	Page
02/10/2025	CLS ARNKA000	3
Guarantor	Due Date	Payment Due
KANDICE A.	Upon Receipt	221.61

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09/01/23	62368	Analyze sp inf pump w/reprog	134.00	-30.41	-95.83	7.76
10/30/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94	-274.93
10/30/23	62368	Analyze sp inf pump w/reprog	134.00	-30.41	-95.83	7.76
01/04/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-109.65
01/04/24	62368	Analyze sp inf pump w/reprog	135.00	-38.24	0.00	-96.76
02/21/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-42.97	-85.97
02/21/24	62370	Anl sp inf pmp w/mdreprg&fil	278.00	-	-61.73	-200.52
04/12/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-26.94	-277.31
04/12/24	62370	Anl sp inf pmp w/mdreprg&fil	278.00	-	-62.75	-199.24
05/30/24	99213	OFFICE VISIT EST/LEVEL 3	25	274.00	-27.00	-61.96
05/30/24	62368	Analyze sp inf pump w/reprog	135.00	-	-30.48	-96.75
06/04/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-	-277.31
06/04/24	62370	Anl sp inf pmp w/mdreprg&fil	278.00	-	-62.75	-199.24
07/29/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-26.94	-277.31
07/29/24	62370	Anl sp inf pmp w/mdreprg&fil	278.00	-	-62.75	-199.24

Patient: **KANDICE A. ARNDT** Rendering Physician: **MOUSTAFA M. AHMED MD** Chart Number: **ARNKA000** Place of Service: **CLS HEALTH** Date of Birth: **12/01/1956**

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge					
09/20/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-26.94	-102.81	-	-257.96	-0.71
09/20/24	62370	Anl sp inf pmp w/mdreprg&fil		278.00	-	-73.82	-	-185.35	18.83
11/07/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-26.94	-102.81	-	-257.96	-0.71
11/07/24	62368	Analyze sp inf pump w/reprog		135.00	-	-35.85	-	-90.00	9.15

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Amount Due
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RHONDA K. ARNOLD
19 12TH AVE N
TEXAS CITY, TX 77590-6342

(409)795-7694

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNRH000	1
Guarantor	Due Date	Payment Due
RHONDA K.	Upon Receipt	176.50

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Date of Last Payment: 1/12/2022	Amount of Last Payment: -50.09
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Patient: RHONDA K. ARNOLD	Rendering Physician: JUNEIGHT C. ALCIVAR	Chart Number: ARNRH000	Place of Service: CLEAR LAKE	Date of Birth: 10/26/1969
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
11/19/21	99222	HOSPITAL PRIMARY, INITIAL MOD		418.00	-23.69	-94.77		-299.54	23.69
11/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-18.00	-71.98		-228.02	18.00
11/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-18.00	-71.98		-228.02	18.00
11/24/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-18.00	-71.98		-228.02	18.00

Patient: RHONDA K. ARNOLD	Rendering Physician: JUNEIGHT C. ALCIVAR	Chart Number: ARNRH000	Place of Service: CLEAR LAKE	Date of Birth: 10/26/1969
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
11/25/21	99222	HOSPITAL PRIMARY, INITIAL MOD		418.00	-23.69	-94.77		-299.54	23.69
11/26/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-12.52	-50.09		-158.39	12.52
11/27/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-12.52	-50.09		-158.39	12.52
11/29/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-12.52	-50.09		-158.39	12.52
11/30/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-12.52	-50.09		-158.39	12.52
12/01/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-12.52	-50.09		-158.39	12.52
12/03/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-12.52	-50.09		-158.39	12.52

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Amount Due
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SALWA ARNAOUT
414 SENNA AVE
LEAGUE CITY, TX 77573-6424

(713)933-4914

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNSA000	1
Guarantor	Due Date	Payment Due
SALWA	Upon Receipt	25.00

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Date of Last Payment: 11/26/2024

Amount of Last Payment: -135.15

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
SALWA ARNAOUT	MOUSTAFA M. AHMED MD	ARNSA000	CLS HEALTH	07/05/1947				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITED	Paid by TMHP	Paid by EVERCARE Adjustments	Reminder
05/06/21	99999	NO SHOW	25.00		0.00	0.00	0	25.00

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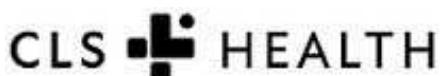
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Amount Due

25.00



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WENDY ARNOLD
2314 GENERAL COLONY DR
FRIENDSWOOD, TX 77546-2383

(281)250-5821

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNWE000	1
Guarantor	Due Date	Payment Due
WENDY ARNOLD	Upon Receipt	786.96

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Date of Last Payment: 7/26/2024					Amount of Last Payment: -150.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:							
WENDY ARNOLD	ZULFIQAR CHEEMA MD	ARNWE000	CLEAR LAKE	05/13/1954							
Dates Procedure Description Modifier Charge Paid By Applied to Paid by											
10/22/21	35301	Rechanneling of artery	RT	3,490.0	-213.00	-1,197.01	0.00			-2,292.99	984.01
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:							
WENDY ARNOLD	ZULFIQAR CHEEMA MD	ARNWE000	CLS HEALTH	05/13/1954							
Dates Procedure Description Modifier Charge Paid By Applied to Paid by											
11/19/21	93880	Extracranial bilat study		629.00	-41.95	-142.76				-450.55	-6.26
02/03/22	93880	Extracranial bilat study		614.00	-209.77	-144.32				-433.60	-173.69
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:							
WENDY ARNOLD	ZULFIQAR CHEEMA MD	ARNWE000	CLS HEALTH	05/13/1954							
Dates Procedure Description Modifier Charge Paid By Applied to Paid by											
02/08/22	99213	OFFICE VISIT EST/LEVEL 3		283.00	-30.00	-51.59				-218.51	-17.10

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Amount Due

786.96



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ALEXANDER Y. ARON
4309 SPOONBILL DR
SEABROOK, TX 77586-2562

(281)961-1587

Statement Date	Invoice Number	Page
02/10/2025	CLS AROAL000	1
Guarantor	Due Date	Payment Due
ALEXANDER Y.	Upon Receipt	32.59

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Date of Last Payment: 11/12/2024	Amount of Last Payment: -9.01
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Patient: ALEXANDER Y. ARON	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AROAL000	Place of Service: CLS HEALTH	Date of Birth: 10/11/1948
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Medicare	Adjustments		Remainder
				Charge	Applied to					
02/15/22	99204	OFFICE VIST NEW LEVEL 4		521.00	-212.00	-173.69	0.00		-347.31	-38.31
02/15/22	51798	Us urine capacity measure		33.00		-10.99	0.00		-22.01	10.99
02/17/22	55899	Genital surgery procedure		1,103.0	-59.00	-15.75	-63.03		-1,024.22	-43.25
02/17/22	51784	Anal/urinary muscle study		202.00		-6.73	-26.94		-168.33	6.73
02/17/22	51741	Electro-uroflowmetry first		43.00		-1.45	-5.79		-35.76	1.45
02/17/22	51798	Us urine capacity measure		33.00		-2.20	-8.79		-22.01	2.20
02/22/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-76.65	-65.30	-67.91		-266.79	-11.35
02/22/22	52000	Cystoscopy		779.00		-51.92	-207.72		-519.36	51.92
02/22/22	76872	Us transrectal		444.00		-29.61	-118.47		-295.92	29.61

Patient: ALEXANDER Y. ARON	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AROAL000	Place of Service: CLS HEALTH	Date of Birth: 10/11/1948
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Medicare	Adjustments		Remainder
				Charge	Applied to					
09/11/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-26.22		-102.81		-257.96	0.01
09/11/24	G2211	Complex e/m visit add on		49.00			-13.13		-32.52	3.35
09/11/24	51798	Us urine capacity measure		34.00			-9.01		-22.69	2.30
10/04/24	51784	Anal/urinary muscle study		194.00			-51.58		-129.26	13.16
10/04/24	51741	Electro-uroflowmetry first		44.00			-5.81		-36.71	1.48
10/04/24	51798	Us urine capacity measure		34.00			-9.01		-22.69	2.30

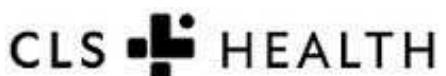
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MARIA AROCHO
4410 NICHOLINI ST
DICKINSON, TX 77539-6819

(409)354-8561

Statement Date	Invoice Number	Page
02/10/2025	CLS AROMA001	1
Guarantor	Due Date	Payment Due
MARIA AROCHO	Upon Receipt	9.64

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Date of Last Payment:	7/28/2022	Amount of Last Payment:	0.00
Patient: MARIA AROCHO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AROMA001	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BRIGHT		
06/04/22	76830	Transvaginal us non-ob	59	385.00	-12.68	-107.27	-257.73	7.32
05/25/22	S8301	Infection control supplies, not otherwis		122.00	-5.00	-29.28	-85.40	2.32

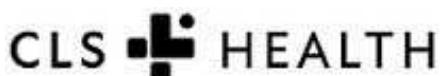
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Amount Due
9.64



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ALICIA ARREOLA
7214 STEWART ST
HITCHCOCK, TX 77563-3314

(409)457-7367

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRAL002	1
Guarantor	Due Date	Payment Due
ALICIA ARREOLA	Upon Receipt	116.00

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Date of Last Payment: 6/3/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
ALICIA ARREOLA	MOUSTAFA M. AHMED MD	ARRAL002	CLS HEALTH	11/08/1982					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
12/28/23	99204	OFFICE VIST NEW LEVEL 4	25	507.00		-67.40	-13.84	-379.60	46.16

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
ALICIA ARREOLA	MOUSTAFA M. AHMED MD	ARRAL002	CLS HEALTH	11/08/1982					
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
05/02/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-22.60	-25.08	-304.40	34.92
05/30/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-22.60	-25.08	-304.40	34.92

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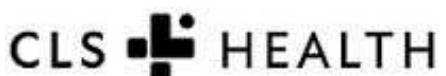
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Amount Due

116.00



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BARTOLA R. ARRIAGA
1415 STONEHEDGE BEND DR
HOUSTON, TX 77073-2739

(832)516-1648

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRBA000	1
Guarantor	Due Date	Payment Due
BARTOLA R.	Upon Receipt	75.00

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Date of Last Payment: 12/2/2024			Amount of Last Payment: -45.48	
Patient: BARTOLA R. ARRIAGA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ARRBA000	Place of Service: CLS HEALTH	Date of Birth: 04/05/1970

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/13/22	99999	NO SHOW		25.00		0.00	25.00

Patient: BARTOLA R. ARRIAGA	Rendering Physician: DAVID HAMER MD	Chart Number: ARRBA000	Place of Service: CLS HEALTH	Date of Birth: 04/05/1970
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/05/24	99999	NO SHOW		25.00		0.00	25.00
11/22/24	99999	NO SHOW		25.00		0.00	25.00

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Amount Due

75.00



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BLANCA E. ARREDONDO
3126 AUTUMN LEAF DR
FRIENDSWOOD, TX 77546-5026

(832)494-0834

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRBL000	1
Guarantor	Due Date	Payment Due
BLANCA E.	Upon Receipt	9.67

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Date of Last Payment: 6/18/2024	Amount of Last Payment: -148.27			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BLANCA E. ARREDONDO	DANNY M. MOUNIR MD	ARRBL000	CLS HEALTH	05/07/1983

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
08/16/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-70.00	-151.82		-461.58	-19.40
08/16/23	51741	Electro-uroflowmetry first		43.00		-10.20		-29.40	3.40
08/16/23	81000	Urinalysis nonauto w/scope		12.00		-2.02		-9.31	0.67
11/15/23	99999	NO SHOW		25.00		0.00			25.00

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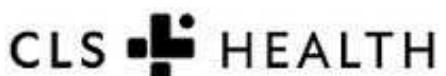
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Amount Due

9.67



PO BOX 58538
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281-694-5986

CYNTHIA ARREDONDO
8019 SPRINGTIME LN
HOUSTON, TX 77075-4609

(832)671-3158

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA	Upon Receipt	269.55

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Date of Last Payment:	Amount of Last Payment:
Patient: CYNTHIA ARREDONDO	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
09/07/23	99223	1ST HOSP IP/OBS HIGH 75		523.00	-198.25	0.00	-324.75	198.25
09/08/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00	-71.30	0.00	-167.70	71.30

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Amount Due

269.55



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281-694-5986

DAVID ARREOLA
2806 HUCKLEBERRY LN
PASADENA, TX 77502-5408

(832)692-2114

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRDA001	1
Guarantor	Due Date	Payment Due
DAVID ARREOLA	Upon Receipt	60.00

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Date of Last Payment: 8/26/2021		Amount of Last Payment: -0.20		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAVID ARREOLA	JACQUELINE M. WEGGE MD	ARRDA001	HCA	04/11/1983
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by UNITED
07/23/21	99203	OFFICE VIST NEW LEVEL 3	259.00	-0.20
				Adjustments Remainder -198.80 60.00

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60.00



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DIANA ARREDONDO
8133 MILREDGE ST
HOUSTON, TX 77017-5221

(832)560-1943

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRDI000	1
Guarantor	Due Date	Payment Due
DIANA	Upon Receipt	75.64

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Date of Last Payment: 6/14/2022	Amount of Last Payment: 0.00
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Patient: DIANA ARREDONDO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARRDI000	Place of Service: CLS HEALTH	Date of Birth: 08/27/1983
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/30/21	81000	Urinalysis nonauto w/scope		12.00	-2.69	0.00	-9.31	2.69
04/06/21	52000	Cystoscopy		743.00	-157.48	-169.95	0.00	-573.05
05/10/21	99213	OFFICE VISIT EST/LEVEL 3		284.00	-60.00	-56.87	0.00	-227.13
05/10/21	51798	Us urine capacity measure		32.00		-11.35	0.00	-20.65
05/10/21	81000	Urinalysis nonauto w/scope		12.00		-2.69	0.00	-9.31
								2.69

Patient: DIANA ARREDONDO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARRDI000	Place of Service: CLS HEALTH	Date of Birth: 08/27/1983
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/30/21	76770	Us exam abdo back wall comp		355.00	-50.00	-92.25	0.00	-262.75
								42.25

Patient: DIANA ARREDONDO	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARRDI000	Place of Service: CLS HEALTH	Date of Birth: 08/27/1983
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
05/18/22	99213	OFFICE VISIT EST/LEVEL 3		283.00	-80.00	0.00	-210.31	-7.31
05/18/22	51798	Us urine capacity measure		33.00		-11.94	0.00	-21.06
05/18/22	81000	Urinalysis nonauto w/scope		12.00		-2.69	0.00	-9.31
								2.69

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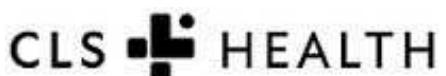
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Amount Due

75.64



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281-694-5986

ELIZABETH ARREGUIN
10102 SHADOW PINE DR
HOUSTON, TX 77070-4722

(832)246-9666

Statement Date	Invoice Number	Page
02/10/2025	CLS ARREL002	1
Guarantor	Due Date	Payment Due
ELIZABETH	Upon Receipt	25.00

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ELIZABETH ARREGUIN	BASHAR ZLEIK MD	ARREL002	THE HEIGHTS	04/20/1976			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
09/25/23	99999	NO SHOW	25.00		0.00		25.00

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ELIZABETH ARREDONDO
2330 44TH ST
DICKINSON, TX 77539-6643

(832)769-9078

Statement Date	Invoice Number	Page
02/10/2025	CLS ARREL003	1
Guarantor	Due Date	Payment Due
ELIZABETH	Upon Receipt	28.65

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Date of Last Payment: 4/18/2024		Amount of Last Payment: -114.64		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ELIZABETH ARREDONDO	MICHAEL G. BARACY MD	ARREL003	MAINLAND	08/29/2001
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
03/23/24	99254	HOSPITAL CONSULT, LEVEL 4	377.00	-114.64
				Adjustments Remainder -233.71 28.65

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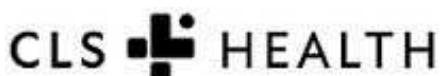
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Amount Due

28.65



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HECTOR ARRIAGA
15323 STREATHAM CIR
CHANNELVIEW, TX 77530-4569

(832)491-3190

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRHE000	1
Guarantor	Due Date	Payment Due
HECTOR	Upon Receipt	60.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 9/11/2023	Amount of Last Payment: -106.08			
Patient: HECTOR ARRIAGA	Rendering Physician: REGINA PILLAI MD	Chart Number: ARRHE000	Place of Service: CLS HEALTH	Date of Birth: 06/24/1990

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/13/23	94060	Evaluation of wheezing		116.00		0.00	-63.03
06/13/23	94726	Pulm funct tst plethysmograp		164.00		-40.90	-116.07

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60.00



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JAVIER ARROYO
7339 TREMPER ST
HOUSTON, TX 77020-5434

(832)406-5841

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRJA000	1
Guarantor	Due Date	Payment Due
JAVIER ARROYO	Upon Receipt	99.07

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Date of Last Payment:	7/22/2022	Amount of Last Payment:	-397.55
Patient:	Rendering Physician:	Chart Number:	Date of Birth:
JAVIER ARROYO	NISARG PATEL MD	ARRJA000	03/15/1964

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
05/25/22	99223	INITIAL HOSPITAL/HIGH	GW	609.00		-163.03	-405.34	40.63
05/26/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61
05/27/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61
05/28/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61
05/29/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61

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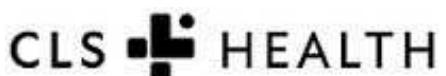
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99.07



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JESSICA ARREDONDO
2102 YACHT HARBOR LN
LEAGUE CITY, TX 77573-5314

(832)573-3455

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRJE003	1
Guarantor	Due Date	Payment Due
JESSICA	Upon Receipt	25.00

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Date of Last Payment: 8/1/2024

Amount of Last Payment: -82.60

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JESSICA ARREDONDO	DANNY M. MOUNIR MD	ARRJE003	CLS HEALTH	09/30/1975			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UMR	Adjustments	Reminder
12/28/23	99999	NO SHOW	25.00		0.00		25.00

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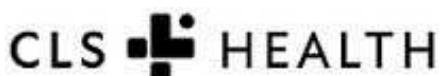
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25.00



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JOSE R. ARREDONDO
4102 DOCKRELL ST
DICKINSON, TX 77539-5115

(832)561-5844

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRJO000	1
Guarantor	Due Date	Payment Due
JOSE R.	Upon Receipt	15.76

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Date of Last Payment:	9/23/2024	Amount of Last Payment:	-16.07
Patient: JOSE R. ARREDONDO	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ARRJO000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Blue		
02/22/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-30.00	-58.16	-210.31	-15.47
02/22/22	36589	Removal tunneled cv cath		525.00		-124.95	-368.82	31.23

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Amount Due

15.76



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JOSE ARREDONDO
1307 MARLOCK LN
PASADENA, TX 77502-3144

(832)868-7234

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRJO001	1
Guarantor	Due Date	Payment Due
JOSE	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOSE ARREDONDO	ABDELNASER ELKHALILI MD	ARRJO001	CLS HEALTH	03/29/2000
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
04/21/22	99999	NO SHOW	25.00	Paid by BLUE
				Adjustments Remainder
				25.00

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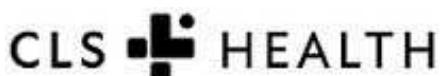
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Amount Due

25.00



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JOSE A. ARREOLA
4614 FRONTIER TRL
BAYTOWN, TX 77521-4278

(832)414-6325

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRJO002	1
Guarantor	Due Date	Payment Due
JOSE A.	Upon Receipt	14.18

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	2/14/2023	Amount of Last Payment:	0.00
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Patient: JOSE A. ARREOLA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ARRJO002	Place of Service: CLS HEALTH	Date of Birth: 12/19/1977
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Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
01/13/23	99205	OFFICE VIST NEW LEVEL 5		664.00	-213.24	-202.42	0.00		-461.58	-10.82
05/15/23	99999	NO SHOW			25.00		0.00			25.00

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Amount Due

14.18



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JUAN G. ARRIAGA
2009 STILLWOOD DR
HOUSTON, TX 77080-5321

(281)658-5105

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRJU002	1
Guarantor	Due Date	Payment Due
JUAN G.	Upon Receipt	20.00

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Date of Last Payment:	2/13/2024	Amount of Last Payment:	-2.64
Patient: JUAN G. ARRIAGA	Rendering Physician: ABDULHADI M. AKHTAR MD	Chart Number: ARRJU002	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By		Paid by AETNA	Adjustments		Remainder
			Modifier	Charge				
01/24/24	99213	OFFICE VISIT EST/LEVEL 3		274.00	-30.00	-34.79	-200.27	8.94
01/24/24	51798	Us urine capacity measure		34.00		0.00	-22.94	11.06

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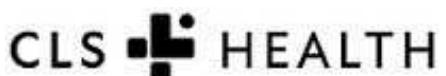
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Amount Due

20.00



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LEAH ARREDONDO
16202 TEAL MANOR CT
FRIENDSWOOD, TX 77546-4495

(346)263-2922

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRLE001	1
Guarantor	Due Date	Payment Due
LEAH	Upon Receipt	21.49

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PO BOX 58538
Webster, TX 77598

Date of Last Payment:	12/1/2022	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LEAH ARREDONDO	MOUSTAFA M. AHMED MD	ARRLE001	CLS HEALTH	06/12/1991

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
						BLUE			
09/07/22	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-168.99	-165.48	0.00	-208.52	-3.51

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LEAH ARREDONDO	CATHERINE I. AGALA FNP-C	ARRLE001	CLS HEALTH	06/12/1991

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
						BLUE		
10/05/22	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

21.49



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281-694-5986

LETICIA ARRIAGA
1215 ARMADILLO RD
ROSENBERG, TX 77471-8831

(713)504-8727

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRLE002	1
Guarantor	Due Date	Payment Due
LETICIA ARRIAGA	Upon Receipt	30.00

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Date of Last Payment: 12/18/2024

Amount of Last Payment: -30.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
LETICIA ARRIAGA	MOHAMED A. KHALIL MD	ARRLE002	CLS HEALTH	05/16/1970				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
09/20/23	99205	OFFICE VIST NEW LEVEL 5	Q6	664.00		-153.75	-480.25	30.00

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MARLENE ARREDONDO
4747 BURKE RD APT 278
PASADENA, TX 77504-4052

(281)389-2904

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRMA004	1
Guarantor	Due Date	Payment Due
MARLENE	Upon Receipt	165.00

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Date of Last Payment: 12/21/2022

Amount of Last Payment: -250.00

Patient: MARLENE ARREDONDO	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ARRMA004	Place of Service: HOUSTON	Date of Birth: 06/14/1970
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TMHP	Adjustments	Remainder
11/30/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00	-330.00	165.00

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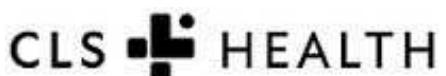
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Amount Due

165.00



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281-694-5986

MARCOS ARRIETA
9988 WINDMILL LAKES BLVD
APT 607
HOUSTON, TX 77075-3340
(786)658-7120

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRMA006	1
Guarantor	Due Date	Payment Due
MARCOS	Upon Receipt	7.41

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Date of Last Payment: 11/21/2024	Amount of Last Payment: -15.00
Patient: MARCOS ARRIETA	Rendering Physician: ZEID F. KARADSHEH MD

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
06/09/23	45380	Colonoscopy and biopsy		602.00	-80.00	-123.41		-396.31	2.28
06/09/23	43235	Egd diagnostic brush wash		368.00	-20.00	-37.70		-305.17	5.13

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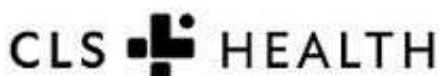
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Amount Due

7.41



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281-694-5986

MARCUS ARREDONDO
410 NEPTUNE CIR
TIKI ISLAND, TX 77554-8227

(832)427-9201

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRMA008	1
Guarantor	Due Date	Payment Due
MARCUS	Upon Receipt	15.00

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Webster, TX 77598

Date of Last Payment: 12/5/2024			Amount of Last Payment: -40.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MARCUS ARREDONDO		ABDELNASER ELKHALILI MD	ARRMA008	CLS HEALTH	09/02/1965
Dates	Procedure	Description	Paid By	Applied to	Paid by
			Modifier	Charge	Patient Deductible
04/22/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-25.00
					-42.60
					-304.40
					15.00

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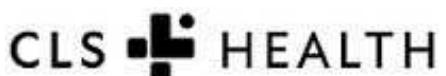
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Amount Due

15.00



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281-694-5986

MARIA E. ARREDONDO
1307 MARLOCK LN
PASADENA, TX 77502-3144

(832)987-6733

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRMA015	1
Guarantor	Due Date	Payment Due
MARIA E.	Upon Receipt	23.37

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Date of Last Payment:	4/19/2024	Amount of Last Payment:	0.00
Patient: MARIA E. ARREDONDO	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARRMA015	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
03/19/24	20610	Drain/inj joint/bursa w/o us	RT	199.00		-47.29		-135.94	15.77
03/19/24	J3301	Triamcinolone acet inj nos		24.00		0.00		-16.40	7.60

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23.37



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281-694-5986

MA D. ARRIAGA
6222 WOODLAND FOREST DR
HOUSTON, TX 77088-4032

(713)972-2983

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRMA017	1
Guarantor	Due Date	Payment Due
MA D. ARRIAGA	Upon Receipt	288.01

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Date of Last Payment:	9/13/2024	Amount of Last Payment:	0.00
-----------------------	-----------	-------------------------	------

Patient: MA D. ARRIAGA	Rendering Physician: PRATHYUSHA SAVJANI MD	Chart Number: ARRMA017	Place of Service: CLS HEALTH	Date of Birth: 06/09/1972
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Paid by BLUE	Adjustments		Remainder
			Modifier	Charge				
05/07/24	95004	Percut allergy skin tests		660.00	-210.74	0.00	-449.26	210.74
05/07/24	95024	Icut allergy test drug/bug		264.00	-77.27	0.00	-186.73	77.27

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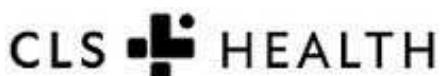
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288.01



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281-694-5986

MIGUEL ARREDONDO
8820 DELEON ST
ROSHARON, TX 77583-7216

(281)595-2226

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRM1001	1
Guarantor	Due Date	Payment Due
MIGUEL	Upon Receipt	73.66

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MIGUEL ARREDONDO		MAAMOUN A. HARMOUCH	ARRMI001	CLEAR LAKE	12/03/1973
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY
10/20/21	99232	HOSPITAL , SUBSEQUENT, MOD	221.00		0.00
					-147.34
					73.66

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

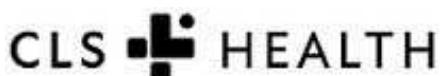
Call 281-694-5986

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Amount Due

73.66



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Webster, TX 77598
281-694-5986

MONICA V. ARROYO
1802 OAKLAND CIR
PEARLAND, TX 77581-6158

(832)273-6343

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRMO000	1
Guarantor	Due Date	Payment Due
MONICA V.	Upon Receipt	94.00

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Date of Last Payment: 11/14/2024

Amount of Last Payment: -364.69

Patient: MONICA V. ARROYO	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ARRMO000	Place of Service: CLS HEALTH	Date of Birth: 07/11/1982
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Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder	
			Modifier	Charge	Patient Deductible					
01/15/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-35.00	-129.00	0.00		-258.00	94.00

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

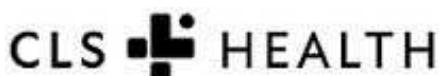
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Amount Due

94.00



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281-694-5986

RICARDO J. ARRIOLA
2604 LIVE OAK AVE
BAY CITY, TX 77414-6851

(979)241-2681

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRI001	1
Guarantor	Due Date	Payment Due
RICARDO J.	Upon Receipt	8.23

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Date of Last Payment: 2/9/2024

Amount of Last Payment: -51.03

Patient: RICARDO J. ARRIOLA	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: ARRRI001	Place of Service: CLS HEALTH	Date of Birth: 08/30/1979
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
10/05/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-25.00	-144.93		-341.97	-8.90

Patient: RICARDO J. ARRIOLA	Rendering Physician: SUNIL U. THOMAS MD	Chart Number: ARRRI001	Place of Service: CLS HEALTH	Date of Birth: 08/30/1979
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier	Charge	Patient Deductible	BLUE		
10/05/23	80307	Drug test prsmv chem anlyzr		186.00		-32.01		-150.44	3.55
10/05/23	G0483	Drug test def 22+ classes		741.00		-122.23		-605.19	13.58

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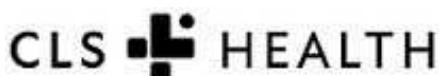
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8.23



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ROBERTO ARRONA
2540 WILD OAK FOREST LN
SEABROOK, TX 77586-2631

(713)459-0530

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRRO004	1
Guarantor	Due Date	Payment Due
ROBERTO	Upon Receipt	164.97

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Date of Last Payment:	4/17/2024	Amount of Last Payment:	-506.33
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Patient: ROBERTO ARRONA	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ARRRO004	Place of Service: HOUSTON	Date of Birth: 10/16/1982
-----------------------------------	--	----------------------------------	-------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
03/25/24	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	57	495.00		-153.60	-303.01	38.39
03/25/24	47562	Laparoscopic cholecystectomy		2,079.0		-506.33	-1,446.09	126.58

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RUBEN M. ARREDONDO
3913 COUNTY ROAD 962
ALVIN, TX 77511-8661

(281)331-3932

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRRU001	1
Guarantor	Due Date	Payment Due
RUBEN M.	Upon Receipt	174.21

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Date of Last Payment: 4/15/2024			Amount of Last Payment: -85.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
RUBEN M. ARREDONDO		BAHAEDDIN SHABANEH MD	ARRRU001	MEMORIAL	01/06/1951

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible	MEDICARE	
11/13/23	93306	Tte w/doppler complete	26	230.00		-54.71	-161.34 13.95

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RUBEN M. ARREDONDO	BAHAEDDIN SHABANEH MD	ARRRU001	MEMORIAL	01/06/1951

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible	MEDICARE	
11/14/23	99222	1ST HOSP IP/OBS MODERATE 55	25	393.00		-105.29	-260.87 26.84
11/14/23	93306	Tte w/doppler complete	26	230.00		-54.71	-161.34 13.95
11/15/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76 16.30
11/17/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76 16.30
11/17/23	93312	Echo transesophageal	26	345.00		-85.00	-238.33 21.67
11/18/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76 16.30
11/19/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76 16.30
11/20/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76 16.30
11/21/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00		-63.94	-158.76 16.30

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174.21



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281-694-5986

RUBEN ARROYO
8325 FOLKSTONE LN
HOUSTON, TX 77075-3729

(713)875-1861

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRRU002	1
Guarantor	Due Date	Payment Due
RUBEN ARROYO	Upon Receipt	82.27

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Date of Last Payment: 4/9/2024

Amount of Last Payment: -12.00

Patient: RUBEN ARROYO	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ARRRU002	Place of Service: CLS HEALTH	Date of Birth: 10/19/1973
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
02/01/24	46600	Diagnostic anoscopy spx		353.00		-74.95	-245.93	32.12

Patient: RUBEN ARROYO	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: ARRRU002	Place of Service: MAINLAND	Date of Birth: 10/19/1973
---------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
02/28/24	43235	Egd diagnostic brush wash		370.00		-37.77	-316.04	16.19
02/28/24	44392	Colonoscopy & polypectomy		610.00		-122.49	-435.02	52.49

Patient: RUBEN ARROYO	Rendering Physician: MAAMOUN HARMOUCH MD	Chart Number: ARRRU002	Place of Service: CLS HEALTH	Date of Birth: 10/19/1973
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
03/19/24	74177	Ct abd & pelv w/contrast		927.00	-92.66	-172.96	-679.91	-18.53

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82.27



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VALENTIN ARREDONDO
4518 E 29TH
DICKINSON, TX 77539-5514

(281)332-3349

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRVA000	1
Guarantor	Due Date	Payment Due
VALENTIN	Upon Receipt	343.82

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Date of Last Payment:			Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
VALENTIN ARREDONDO		MAHMOOD DWEIK MD	ARRVA000	CLEAR LAKE	07/03/1956		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by ALLIED	Adjustments	Remainder
12/08/23	99223	1ST HOSP IP/OBS HIGH 75	523.00	-146.51	0.00	-376.49	146.51
12/09/23	99233	SBSQ HOSP IP/OBS HIGH 50	359.00	-100.53	0.00	-258.47	100.53
12/10/23	99239	HOSP IP/OBS DSCHRG MGMT >30	345.00	-96.78	0.00	-248.22	96.78

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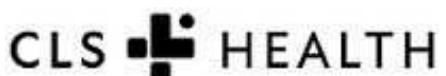
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Amount Due

343.82



PO BOX 58538
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281-694-5986

MARYAM ARSHAD
13435 TRAVIS HEIGHTS LN
HOUSTON, TX 77059-3311

(913)416-0456

Statement Date	Invoice Number	Page
02/10/2025	CLS ARSMA000	1
Guarantor	Due Date	Payment Due
MARYAM	Upon Receipt	90.56

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Date of Last Payment: 10/16/2024

Amount of Last Payment: -732.46

Patient: MARYAM ARSHAD	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ARSMA000	Place of Service: CLS HEALTH	Date of Birth: 12/11/1985
----------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	BLUE			
02/14/24	99204	OFFICE VIST NEW LEVEL 4		507.00		-77.91		-384.09	45.00
02/14/24	81000	Urinalysis nonauto w/scope		12.00		-2.25		-9.19	0.56
03/05/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-38.54		-303.46	45.00

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Amount Due

90.56



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ABDELSALAM S. ARTAIMEH
19822 BEECHAM LAKE LN
RICHMOND, TX 77407-3090

(832)788-6923

Statement Date	Invoice Number	Page
02/10/2025	CLS ARTAB000	1
Guarantor	Due Date	Payment Due
ABDELSALAM S.	Upon Receipt	90.00

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Date of Last Payment:	12/22/2023	Amount of Last Payment:	-246.92
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Patient: ABDELSALAM S.	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ARTAB000	Place of Service: CLS HEALTH	Date of Birth: 12/20/1961
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder
08/25/21	99992	NO SHOW		50.00		0.00		50.00

Patient: ABDELSALAM S.	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ARTAB000	Place of Service: CLS HEALTH	Date of Birth: 12/20/1961
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder
11/16/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-91.60	-253.40	40.00

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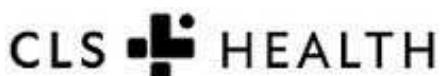
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Amount Due

90.00



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281-694-5986

SALINDA ARTIS
7219 BIRCHVILLE DR
ROSHARON, TX 77583-4949

(281)236-0849

Statement Date	Invoice Number	Page
02/10/2025	CLS ARTSA001	1
Guarantor	Due Date	Payment Due
SALINDA ARTIS	Upon Receipt	50.00

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Date of Last Payment:	11/6/2024		Amount of Last Payment:	-6.17
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SALINDA ARTIS	MOUSTAFA M. AHMED MD	ARTSA001	CLS HEALTH	09/19/1967

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/22/23	99999	NO SHOW		25.00		0.00	25.00
12/29/23	99999	NO SHOW		25.00		0.00	25.00

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Amount Due

50.00



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SELINA ARTIL
2203 18TH ST
GALENA PARK, TX 77547-2110

(832)538-2464

Statement Date	Invoice Number	Page
02/10/2025	CLS ARTSE000	1
Guarantor	Due Date	Payment Due
SELINA ARTIL	Upon Receipt	825.00

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Date of Last Payment: 9/8/2022

Amount of Last Payment: -150.00

Patient: SELINA ARTIL	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: ARTSE000	Place of Service: CLS HEALTH	Date of Birth: 12/12/1991
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Paid by CASH	Adjustments	Remainder
			Modifier	Charge			
01/24/22	11950	Tx contour defects 1 cc/<		650.00	-500.00	0.00	150.00
02/10/22	11950	Tx contour defects 1 cc/<		650.00		0.00	650.00
01/05/23	99999	NO SHOW		25.00		0.00	25.00

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Amount Due

825.00



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Statement Date	Invoice Number	Page
02/10/2025	CLS ARVJE000	1
Guarantor	Due Date	Payment Due
JEREMY ARVIE	Upon Receipt	1487.21

JEREMY ARVIE
15331 SUMMERLYN POINT LN
HOUSTON, TX 77053-2587

(346)348-4295

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Date of Last Payment:			Amount of Last Payment: 0.00					
Patient: JEREMY ARVIE	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ARVJE000	Place of Service: CLEAR LAKE	Date of Birth: 09/01/1992				
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
03/21/21	35011	Repair defect of artery	LT	3,106.0		0.00	-2,070.72	1,035.28
03/21/21	35500	Harvest vein for bypass	LT	979.00		0.00	-652.73	326.27
03/21/21	99254	HOSPITAL CONSULT, LEVEL 4	57	377.00		0.00	-251.34	125.66

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MASON ARYAN
1338 SHEFFIELD DR
MISSOURI CITY, TX 77459-2737

(713)577-9468

Statement Date	Invoice Number	Page
02/10/2025	CLS ARYMA000	1
Guarantor	Due Date	Payment Due
MASON ARYAN	Upon Receipt	33.83

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Date of Last Payment: 3/6/2024	Amount of Last Payment: -0.85
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Patient: MASON ARYAN	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ARYMA000	Place of Service: CLS HEALTH	Date of Birth: 02/08/1989
--------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Ambetter	Adjustments		Remainder
			Modifier	Charge					
02/01/24	51798	Us urine capacity measure	59	34.00		-8.05		-23.27	2.68
02/01/24	81003	Urinalysis auto w/o scope	QW	7.00		-0.85		-5.87	0.28
02/09/24	52000	Cystoscopy		718.00	-10.00	-170.44		-490.75	46.81
02/09/24	81003	Urinalysis auto w/o scope	QW	7.00		-0.85		-5.87	0.28

Patient: MASON ARYAN	Rendering Physician: CHRISTOPHER R. KANNADY	Chart Number: ARYMA000	Place of Service: CLS HEALTH	Date of Birth: 02/08/1989
--------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Ambetter	Adjustments		Remainder
			Modifier	Charge					
02/08/24	74178	Ct abd & pelv 1/> regns		1,040.0	-86.66	-207.98		-762.69	-17.33
02/08/24	36415	Routine venipuncture		26.00		-3.31		-21.58	1.11

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33.83



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281-694-5986

JOHN J. ASBER
3515 BELLFORT ST
HOUSTON, TX 77051-1401

(225)888-9060

Statement Date	Invoice Number	Page
02/10/2025	CLS ASBJO000	1
Guarantor	Due Date	Payment Due
JOHN J. ASBER	Upon Receipt	242.41

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Date of Last Payment: 8/18/2022	Amount of Last Payment: -146.37
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Patient: JOHN J. ASBER	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ASBJO000	Place of Service: MEMORIAL	Date of Birth: 05/21/1942
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
02/19/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/20/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/21/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.44	-145.95	14.61
02/22/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/23/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.44	-145.95	14.61
02/24/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00	-21.00	-83.99	-210.01	21.00
02/28/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.44	-145.95	14.61
03/01/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-14.61	-58.44	-145.95	14.61

Patient: JOHN J. ASBER	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ASBJO000	Place of Service: MEMORIAL	Date of Birth: 05/21/1942
----------------------------------	--	----------------------------------	--------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
05/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-83.15	-210.85	21.00
05/30/22	99497	Advcnd care plan 30 min		239.00		-63.22	-159.81	15.97

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Amount Due

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SUSAN R. ASBURY
1514 NOBLE WAY CT
LEAGUE CITY, TX 77573-6568

(832)541-1690

Statement Date	Invoice Number	Page
02/10/2025	CLS ASBSU000	1
Guarantor	Due Date	Payment Due
SUSAN R.	Upon Receipt	151.37

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Date of Last Payment: 11/8/2023		Amount of Last Payment: -137.04					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SUSAN R. ASBURY	JIHAD M. HARMOUCHE MD	ASBSU000	HOUSTON	09/10/1972			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
01/26/23	99254	HOSPITAL CONSULT, LEVEL 4	377.00	-151.37	0.00	-225.63	151.37

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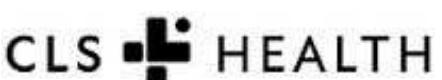
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151.37



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TAMIKA ASBERRY
8801 EMMETT F LOWRY EXPY
APT 1606
TEXAS CITY, TX 77591-2260
(832)855-5800

Statement Date	Invoice Number	Page
02/10/2025	CLS ASBTA000	1
Guarantor	Due Date	Payment Due
TAMIKA	Upon Receipt	275.60

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Date of Last Payment: 4/4/2024	Amount of Last Payment: -220.72
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Patient: TAMIKA ASBERRY	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ASBTA000	Place of Service: UTMB	Date of Birth: 01/09/1982
-----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CHAMPVA	Adjustments	Remainder
01/02/24	99291	CRITICAL CARE 1ST HOUR		643.00		-160.29	-429.28	53.43

Patient: TAMIKA ASBERRY	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: ASBTA000	Place of Service: UTMB	Date of Birth: 01/09/1982
-----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CHAMPVA	Adjustments	Remainder
01/02/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-89.81	-237.25	29.94
01/03/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-89.81	-237.25	29.94

Patient: TAMIKA ASBERRY	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: ASBTA000	Place of Service: UTMB	Date of Birth: 01/09/1982
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CHAMPVA	Adjustments	Remainder
01/04/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-89.81	-237.25	29.94
01/05/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-89.81	-237.25	29.94
01/06/24	99239	HOSP IP/OBS DSCHRG MGMT >30		343.00		-86.49	-227.68	28.83

Patient: TAMIKA ASBERRY	Rendering Physician: KAREEM GADELMOLA MD	Chart Number: ASBTA000	Place of Service: UTMB	Date of Birth: 01/09/1982
-----------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by CHAMPVA	Adjustments	Remainder
01/03/24	99223	1ST HOSP IP/OBS HIGH 75		521.00		-130.91	-346.45	43.64

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TAMIKA ASBERRY
8801 EMMETT F LOWRY EXPY
APT 1606
TEXAS CITY, TX 77591-2260
(832)855-5800

Statement Date	Invoice Number	Page
02/10/2025	CLS ASBTA000	2
Guarantor	Due Date	Payment Due
TAMIKA	Upon Receipt	275.60

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01/04/24	99233	SBSQ HOSP IP/OBS HIGH 50	357.00	-89.81	-237.25	29.94
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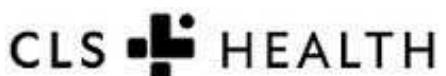
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CHRYSANIA ASCHENBRENNER
2400 GREEN RIVER LN LOT 85
DICKINSON, TX 77539-6058

(832)547-7090

Statement Date	Invoice Number	Page
02/10/2025	CLS ASCCH000	1
Guarantor	Due Date	Payment Due
CHRYSANIA	Upon Receipt	25.00

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Date of Last Payment: 10/28/2022

Amount of Last Payment: -33.95

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CHRYSANIA	MOHAMED A. KHALIL MD	ASCCH000	CLS HEALTH	02/01/1996			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Remainder
03/08/21	99999	NO SHOW	25.00		0.00		25.00

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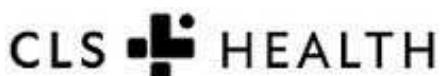
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25.00



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JESUS C. ASCENCIO
9935 RAYMONDVILLE RD
HOUSTON, TX 77093-5457

(713)775-4819

Statement Date	Invoice Number	Page
02/10/2025	CLS ASCJE000	1
Guarantor	Due Date	Payment Due
JESUS C.	Upon Receipt	50.00

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Date of Last Payment: 2/10/2024		Amount of Last Payment: -11.05					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JESUS C. ASCENCIO	ROHIT R. DHIR MD	ASCJE000	CLS HEALTH	05/18/1941			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by INTEGRAN	Adjustments	Remainder
12/04/23	99992	NO SHOW	50.00		0.00		50.00

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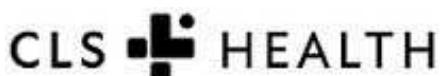
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50.00



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MARIA M. ASCENCIO
723 2ND AVE N
TEXAS CITY, TX 77590-7628

(409)526-2580

Statement Date	Invoice Number	Page
02/10/2025	CLS ASCMA000	1
Guarantor	Due Date	Payment Due
MARIA M.	Upon Receipt	1000.37

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARIA M. ASCENCIO	JIHAD M. HARMOUCHE MD	ASCMA000	MAINLAND	09/14/1977

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TMHP	Adjustments	Reminder
11/07/22	99220	Observation, Initial - High Severity	57	550.00		0.00	-358.03	191.97
11/07/22	59151	TREAT ECTOPIC PREGNANCY		2,425.0		0.00	-1,616.60	808.40

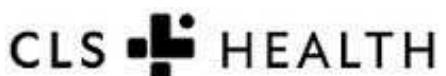
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BROOKE L. ASELTINE
911 MORNINGSIDE CT
FRIENDSWOOD, TX 77546-2105

(832)647-5565

Statement Date	Invoice Number	Page
02/10/2025	CLS ASEBR000	1
Guarantor	Due Date	Payment Due
BROOKE L.	Upon Receipt	23.47

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Date of Last Payment:	8/29/2024	Amount of Last Payment:	0.00
Patient: BROOKE L. ASELTINE	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ASEBR000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	AETNA		
02/02/24	G0281	Elec stim unattend for press	Q6	35.00		-6.40	-22.20	6.40
02/02/24	97140	Manual therapy 1/> regions	Q6	81.00		-17.07	-46.86	17.07

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23.47



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SOLCIRIS A. ASENCIO
2418 GREY KIRBY DR
LEAGUE CITY, TX 77573-6573

(832)988-6482

Statement Date	Invoice Number	Page
02/10/2025	CLS ASESO000	1
Guarantor	Due Date	Payment Due
SOLCIRIS A.	Upon Receipt	1266.35

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Date of Last Payment: 7/17/2024					Amount of Last Payment: -285.60		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
SOLCIRIS A. ASENCIO		MAAMOUN A. HARMOUCH		ASESO000	DOCTORS	04/13/1982	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments Remainder
11/30/22	45171	Exc rect tum transanal part		1,954.0	-639.59	0.00	-1,314.41 639.59
Patient:					Chart Number:	Place of Service:	Date of Birth:
SOLCIRIS A. ASENCIO		JIHAD M. HARMOUCHE MD		ASESO000	CLS HEALTH	04/13/1982	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by AETNA	Adjustments Remainder
11/17/22	99203	OFFICE VIST NEW LEVEL 3		339.00		-19.25	-259.75 60.00
12/15/22	99213	OFFICE VISIT EST/LEVEL 3		272.00		-4.49	-207.51 60.00
Patient:					Chart Number:	Place of Service:	Date of Birth:
SOLCIRIS A. ASENCIO		VENKATA K. JONNA MD		ASESO000	HOUSTON	04/13/1982	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
03/20/23	29888	Knee arthroscopy/surgery	RT	2,994.0	-1,022.78	-1,072.38	0.00 -1,921.62 49.60
03/20/23	29882	Knee arthroscopy/surgery	RT	2,123.0		-378.83	0.00 -1,744.17 378.83
Patient:					Chart Number:	Place of Service:	Date of Birth:
SOLCIRIS A. ASENCIO		VENKATA K. JONNA MD		ASESO000	CLS HEALTH	04/13/1982	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by CASH	Adjustments Remainder
09/05/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-21.67	0.00	-285.00 78.33

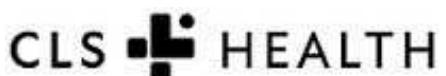
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BERNARD E. ASHTON
17602 HERITAGE BAY DR
WEBSTER, TX 77598-3106

(240)496-5230

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHBE000	1
Guarantor	Due Date	Payment Due
BERNARD E.	Upon Receipt	132.73

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient: BERNARD E. ASHTON	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ASHBE000	Place of Service: UTMB	Date of Birth: 07/25/1980	

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
06/11/21	99220	Observation, Initial - High Severity		559.00	-37.26	-149.05	-372.69	37.26

Patient: BERNARD E. ASHTON			Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ASHBE000	Place of Service: UTMB	Date of Birth: 07/25/1980		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	MEDICARE	Adjustments	Remainder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
06/12/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
06/13/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
06/14/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73

Patient: BERNARD E. ASHTON			Rendering Physician: Maha Al-lahiq MD	Chart Number: ASHBE000	Place of Service: UTMB	Date of Birth: 07/25/1980		
Dates	Procedure	Description	Modifier	Charge	Patient Deductible	MEDICARE	Adjustments	Remainder

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder	
			Modifier	Charge	Patient Deductible	MEDICARE		
06/15/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
06/16/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00	-14.73	-58.93	-147.34	14.73
06/17/21	99239	HOSPITAL DISCHARGE, LONG		327.00	-21.82	-87.30	-217.88	21.82

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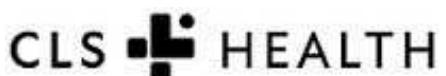
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CADDIE ASHELMAN
1014 ALBANY ST TRLR 24
WEST ORANGE, TX 77630-6566

(409)474-1595

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHCA001	1
Guarantor	Due Date	Payment Due
CADDIE	Upon Receipt	159.25

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Date of Last Payment: 3/19/2024		Amount of Last Payment: -60.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CADDIE ASHELMAN	ROBERT A. DARLING MD	ASHCA001	CLS HEALTH	10/15/1974			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by United	Adjustments	Remainder
03/19/24	31231	Nasal endoscopy dx	562.00	-159.25	0.00	-402.75	159.25

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ELLIE C. ASHLEY
203 LAURELFIELD DR
FRIENDSWOOD, TX 77546-4081

(281)787-3797

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHEL000	1
Guarantor	Due Date	Payment Due
ELLIE C. ASHLEY	Upon Receipt	116.89

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Date of Last Payment: 10/9/2024		Amount of Last Payment: -26.23							
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
ELLIE C. ASHLEY	GERARD ABREO MD	ASHEL000	CLS HEALTH	07/10/1943					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by MUTUAL	Adjustments	Remainder
03/20/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-116.89	-11.24	-2.85	-256.02	116.89

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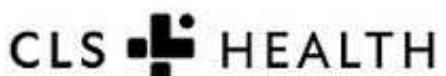
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FAY L. JOLIVET ASH
6218 SIMSDALE ST
HOUSTON, TX 77087-6840

(832)396-7300

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHFA000	1
Guarantor	Due Date	Payment Due
FAY L. JOLIVET	Upon Receipt	25.00

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Date of Last Payment: 1/26/2024		Amount of Last Payment: 0.00						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
FAY L. JOLIVET ASH	ABDELNASER ELKHALILI MD	ASHFA000	CLS HEALTH	10/06/1949				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
02/15/24	99999	NO SHOW	25.00			0.00	0.00	25.00

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281-694-5986

IDUBIJES ASHMORE
8050 OAKDELL WAY APT 701
SAN ANTONIO, TX 78240-3913

(432)530-3947

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHID000	1
Guarantor	Due Date	Payment Due
IDUBIJES	Upon Receipt	1253.24

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Date of Last Payment:	8/31/2023	Amount of Last Payment:	0.00
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Patient: IDUBIJES ASHMORE	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder
08/02/22	73565	X-ray exam of knees		129.00	-20.00	0.00	-86.39	22.61

Patient: IDUBIJES ASHMORE	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder
08/05/22	94760	Measure blood oxygen level		7.00		-1.27	-4.45	1.28
10/03/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-224.40	-44.05	-255.95	-124.40
09/15/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		0.00	-2.65	0.35
10/14/22	27096	Inject sacroiliac joint	50	517.00	-87.37	0.00	-236.39	193.24
10/27/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-44.05	0.00	-255.95
11/07/22	20553	Inject trigger points 3/>		194.00	-62.77	0.00	-124.44	6.79
11/07/22	76942	Echo guide for biopsy		183.00		0.00	-122.83	60.17
11/07/22	A4248	CHLORHEXIDINE ANTISEPT	59	1.00		-0.30	0.00	-0.70
11/21/22	20553	Inject trigger points 3/>	RT	194.00	-87.54	0.00	-124.44	-17.98
11/21/22	A4248	CHLORHEXIDINE ANTISEPT	59	1.00		-0.30	0.00	-0.70
11/21/22	76942	Echo guide for biopsy		183.00		0.00	-122.83	60.17
11/28/22	20553	Inject trigger points 3/>		194.00	-65.02	0.00	-124.44	4.54
11/28/22	A4248	CHLORHEXIDINE ANTISEPT	59	1.00		-0.30	0.00	-0.70
11/28/22	76942	Echo guide for biopsy		183.00		0.00	-122.83	60.17
12/16/22	99213	OFFICE VISIT EST/LEVEL 3	25	272.00	-100.00	-1.92	0.00	-170.08

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IDUBIJES ASHMORE
8050 OAKDELL WAY APT 701
SAN ANTONIO, TX 78240-3913

(432)530-3947

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHID000	2
Guarantor	Due Date	Payment Due
IDUBIJES	Upon Receipt	1253.24

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Patient: IDUBIJES ASHMORE	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder
08/05/22	G0483	Drug test def 22+ classes		741.00		-110.19	-555.81	75.00
09/02/22	G0483	Drug test def 22+ classes		741.00		-110.19	-555.81	75.00
10/03/22	G0483	Drug test def 22+ classes		741.00		-110.19	-555.81	75.00
12/16/22	80307	Drug test prsmv chem analyzr		186.00	-46.61	0.00	-139.39	46.61
12/16/22	G0483	Drug test def 22+ classes		741.00	-110.19	0.00	-555.81	185.19

Patient: IDUBIJES ASHMORE	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder
09/14/22	99999	NO SHOW		25.00		0.00		25.00

Patient: IDUBIJES ASHMORE	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder
11/29/22	99213	OFFICE VISIT EST/LEVEL 3	25	283.00	-67.49	0.00	-196.37	19.14

Patient: IDUBIJES ASHMORE	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BRIGHT	Adjustments	Remainder
11/29/22	80307	Drug test prsmv chem analyzr		186.00	-46.61	0.00	-139.39	46.61
11/29/22	G0483	Drug test def 22+ classes		741.00	-110.19	0.00	-555.81	185.19

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IDUBIJES ASHMORE
8050 OAKDELL WAY APT 701
SAN ANTONIO, TX 78240-3913

(432)530-3947

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHID000	3
Guarantor	Due Date	Payment Due
IDUBIJES	Upon Receipt	1253.24

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Patient: IDUBIJES ASHMORE	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
-------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder		
			Modifier	Charge	Patient Deductible			BRIGHT	
11/22/22	99204	OFFICE VIST NEW LEVEL 4		503.00	-100.00	-86.69	0.00	-316.31	86.69

Patient: IDUBIJES ASHMORE	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ASHID000	Place of Service: CLS HEALTH	Date of Birth: 07/19/1975
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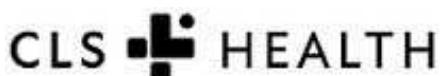
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			United
02/10/23	G0483	Drug test def 22+ classes		741.00		-70.40	-650.60	20.00

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JAIN ASHOK
39 TERRA BELLA DR
MANVEL, TX 77578-3339

(832)483-3941

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHJA002	1
Guarantor	Due Date	Payment Due
JAIN ASHOK	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JAIN ASHOK	MOUSTAFA M. AHMED MD	ASHJA002	CLEAR	12/30/1949
Paid By Applied to Paid by				
Dates	Procedure	Description	Modifier Charge	Patient Deductible MEDICARE
03/22/21	99999	NO SHOW	25.00	0.00
				Adjustments Remainder
				25.00

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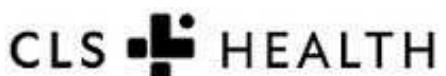
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Amount Due

25.00



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JOLONDA ASHWORTH
4015 LONG GROVE DR
SEABROOK, TX 77586-4220

(972)310-7176

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHJO001	1
Guarantor	Due Date	Payment Due
JOLONDA	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOLONDA ASHWORTH	ZEID F. KARADSHEH MD	ASHJO001	CLS HEALTH	01/29/1970
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
10/23/23	99999	NO SHOW	25.00	Paid by BCBS 0.00
				Adjustments Remainder 25.00

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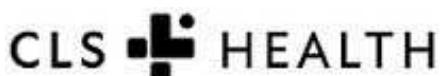
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Amount Due

25.00



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JORDAN ASHWORTH
9626 BLUE WATER HYSSOP
CONROE, TX 77385-2282

(346)228-9172

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHJO002	1
Guarantor	Due Date	Payment Due
JORDAN	Upon Receipt	41.30

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Date of Last Payment: 6/10/2024			Amount of Last Payment: -23.80		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JORDAN ASHWORTH		JIHAD M. HARMOUCHE MD	ASHJO002	CLS HEALTH	08/31/1989
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITED
05/02/24	99214	OFFICE VISIT EST/LEVEL 4	Q6	387.00	0.00
					-345.70 41.30

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Amount Due

41.30



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KAMRAN ASHRAFI
1207 COLERIDGE ST
SUGAR LAND, TX 77479-2774

(281)408-9199

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHKA002	1
Guarantor	Due Date	Payment Due
KAMRAN	Upon Receipt	71.15

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Date of Last Payment:	3/18/2024	Amount of Last Payment:	-50.83
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Patient: KAMRAN ASHRAFI	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ASHKA002	Place of Service: CLS HEALTH	Date of Birth: 02/25/1970
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by BLUE	Adjustments		Remainder
				Charge	Patient Deductible				
12/28/23	99215	OFFICE VISIT EST/LEVEL 5	Q6	546.00		-114.08		-403.40	28.52
12/28/23	76981	Use parenchyma	Q6	311.00		-70.56		-222.81	17.63
12/26/23	99999	NO SHOW		25.00		0.00			25.00

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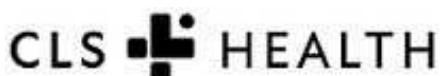
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Amount Due

71.15



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LARTANYA ASHLEY
255 TAFELSKI RD APT 132
NEW WAVERLY, TX 77358-9418

(936)400-9167

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHLA000	1
Guarantor	Due Date	Payment Due
LARTANYA	Upon Receipt	25.00

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Date of Last Payment: 5/8/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LARTANYA ASHLEY	MOUSTAFA M. AHMED MD	ASHLA000	CLS HEALTH	12/24/1969			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by COMMUNI	Adjustments	Reminder
02/12/24	99999	NO SHOW	25.00		0.00		25.00

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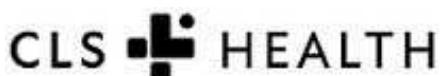
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Amount Due

25.00



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LEVERN ASHLEY
203 LAURELFIELD DR
FRIENDSWOOD, TX 77546-4081

(281)482-9442

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHLE000	1
Guarantor	Due Date	Payment Due
LEVERN ASHLEY	Upon Receipt	20.00

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Date of Last Payment: 6/11/2024		Amount of Last Payment: -9.17							
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:					
LEVERN ASHLEY	GERARD ABREO MD	ASHLE000	CLS HEALTH	05/18/1928					
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE			
						Paid by MUTUAL			
12/05/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		-103.24	-6.32	-255.44	20.00
							Adjustments	Remainder	

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MARY ASHFORD
300 CYBERONICS BLVD APT 1116
HOUSTON, TX 77058-1549

(281)865-8480

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHMA001	1
Guarantor	Due Date	Payment Due
MARY ASHFORD	Upon Receipt	329.50

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Date of Last Payment:	Amount of Last Payment:
Patient: MARY ASHFORD	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	SEFPAY			
06/25/22	99220	Observation, Initial - High Severity		550.00		0.00		-366.64	183.36
06/26/22	99225	Subsequent observation care		218.00		0.00		-145.30	72.70
06/27/22	99217	OBSERVATION DISCHARGE		220.00		0.00		-146.56	73.44

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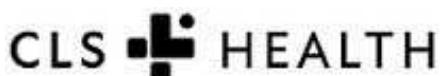
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Amount Due

329.50



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RUBINA ASHRAF
5211 HILLBROOK CT APT 502
SUGAR LAND, TX 77479-3860

(619)964-4535

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHRU001	1
Guarantor	Due Date	Payment Due
RUBINA ASHRAF	Upon Receipt	229.40

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Date of Last Payment:	Amount of Last Payment:
Patient: RUBINA ASHRAF	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
10/17/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-200.30	114.70
10/18/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-200.30	114.70

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Amount Due
229.40



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SHERYL K. ASHER
3411 BROOKWOOD DR
LA PORTE, TX 77571-3731

(713)385-8147

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHSH001	1
Guarantor	Due Date	Payment Due
SHERYL K.	Upon Receipt	210.00

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Date of Last Payment: 3/1/2022

Amount of Last Payment: -314.95

Patient: SHERYL K. ASHER	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ASHSH001	Place of Service: MEMORIAL	Date of Birth: 12/18/1952
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments		Remainder
				Charge	Patient Deductible	HUMANA			
01/03/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-62.99		-210.01	42.00
01/04/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-62.99		-210.01	42.00
01/05/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-62.99		-210.01	42.00
01/06/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-62.99		-210.01	42.00
01/07/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-62.99		-210.01	42.00

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SUSAN ASHTON
14520 HIGHWAY 3 APT 1-302
WEBSTER, TX 77598-1832

(281)480-3409

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHSU000	1
Guarantor	Due Date	Payment Due
SUSAN ASHTON	Upon Receipt	11.83

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Date of Last Payment:	12/11/2024		Amount of Last Payment:	0.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUSAN ASHTON	ABDELNASER ELKHALILI MD	ASHSU000	CLS HEALTH	06/10/1950

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by UNITED	Adjustments		Remainder
				Charge	Applied to					
02/25/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.93	-35.00	-91.70		-277.30	-4.93
04/22/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.56	-35.00	-99.57		-269.43	-4.56
06/17/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.56	-35.00	-99.57		-269.43	-4.56
08/12/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.56	-35.00	-99.57		-269.43	-4.56
10/07/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-65.44	-35.00	-99.57		-269.43	-30.44
12/02/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00		-35.00	-59.83		-189.17	35.00
12/02/21	96413	Chemo iv infusion 1 hr		457.00		-25.88	-103.51		-327.61	25.88

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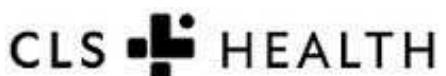
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Amount Due

11.83



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TAYEBA ASHRAFI
10522 BEECHNUT ST APT 2507
HOUSTON, TX 77072-4453

(609)621-6913

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHTA000	1
Guarantor	Due Date	Payment Due
TAYEBA ASHRAFI	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment:	12/6/2024	Amount of Last Payment:	0.00
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Patient: TAYEBA ASHRAFI	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ASHTA000	Place of Service: CLS HEALTH	Date of Birth: 05/21/1952
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MOLINA	Adjustments	Remainder
11/27/23	99999	NO SHOW		25.00		0.00		25.00

Patient: TAYEBA ASHRAFI	Rendering Physician: CATHERINE I. AGALA FNP-C	Chart Number: ASHTA000	Place of Service: CLS HEALTH	Date of Birth: 05/21/1952
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MOLINA	Adjustments	Remainder
01/15/24	99999	NO SHOW		25.00		0.00		25.00

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WILLIAM H. ASHLEY
4003 N WATER IRIS CT
HOUSTON, TX 77059-3013

(281)286-3674

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHWI000	1
Guarantor	Due Date	Payment Due
WILLIAM H.	Upon Receipt	60.00

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Date of Last Payment: 9/9/2024			Amount of Last Payment: -102.77		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
WILLIAM H. ASHLEY		VENKATA K. JONNA MD	ASHWI000	CLS HEALTH	01/27/1954
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by HUMANA
01/02/24	73562	X-rayexam of knee 3	LT 122.00		-23.22 -83.78 15.00
01/27/24	73562	X-rayexam of knee 3	LT 122.00		-23.22 -83.78 15.00
02/06/24	73562	X-rayexam of knee 3	LT 122.00		-23.22 -83.78 15.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
WILLIAM H. ASHLEY		REGINA R. PILLAI MD	ASHWI000	CLS HEALTH	01/27/1954
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by HUMANA
03/27/24	71046	X-rayexam chest 2 views	101.00		-17.02 -68.98 15.00

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CLAUDE D. ASIRWATHAM
418 BARROW DOWNS WAY
HOUSTON, TX 77034-5302

(281)250-5761

Statement Date	Invoice Number	Page
02/10/2025	CLS ASICL000	1
Guarantor	Due Date	Payment Due
CLAUDE D.	Upon Receipt	50.00

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Date of Last Payment: 9/26/2024			Amount of Last Payment: -175.64		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CLAUDE D. ASIRWATHAM		MAAMOUN A. HARMOUCH	ASICL000	CLS HEALTH	11/22/1967
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by UNITED
08/19/21	99203	OFFICE VIST NEW LEVEL 3	350.00	-50.00	-33.65
					-266.35
					50.00

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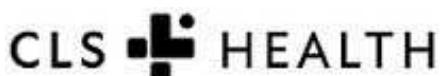
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SUSAN W. ASIMAKIS
401 SILVERSTONE DR
FRIENDSWOOD, TX 77546-4881

(832)661-4058

Statement Date	Invoice Number	Page
02/10/2025	CLS ASISU000	1
Guarantor	Due Date	Payment Due
SUSAN W.	Upon Receipt	36.43

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Date of Last Payment: 10/10/2023

Amount of Last Payment: 0.00

Patient: SUSAN W. ASIMAKIS	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: ASISU000	Place of Service: UTMB	Date of Birth: 08/20/1957
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
07/09/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-36.43	-145.73	-312.84	36.43

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CHRISTIAN ASOUZU
9838 MAGNOLIA VILLAGE LN
HOUSTON, TX 77080-1565

(432)230-6895

Statement Date	Invoice Number	Page
02/10/2025	CLS ASOCH000	1
Guarantor	Due Date	Payment Due
CHRISTIAN	Upon Receipt	76.56

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Date of Last Payment: 9/14/2023			Amount of Last Payment: -108.95		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CHRISTIAN ASOUZU		ROHIT R. DHIR MD	ASOCH000	CLS HEALTH	08/21/1983
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA
07/31/23	99214	OFFICE VISIT EST/LEVEL 4	Q6 385.00	-30.00 -106.56	0.00 -278.44
					Adjustments Remainder 76.56

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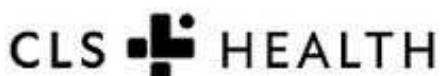
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76.56



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MICHELE ASQUITH
4994 COUNTY ROAD 155
ALVIN, TX 77511-8150

(713)204-2094

Statement Date	Invoice Number	Page
02/10/2025	CLS ASQMI000	1
Guarantor	Due Date	Payment Due
MICHELE	Upon Receipt	114.70

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Date of Last Payment: 4/8/2022

Amount of Last Payment: -103.21

Patient: MICHELE ASQUITH	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: ASQMI000	Place of Service: UTMB	Date of Birth: 07/14/1965
------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Remainder
01/14/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-200.30	114.70

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114.70



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AYLIN V. ATANACIO
306 CHERRY ST
LA MARQUE, TX 77568-6227

(409)934-4323

Statement Date	Invoice Number	Page
02/10/2025	CLS ATAAY000	1
Guarantor	Due Date	Payment Due
AYLIN V.	Upon Receipt	39.33

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Date of Last Payment: 10/30/2023

Amount of Last Payment: -121.70

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
AYLIN V. ATANACIO	MICHAEL G. BARACY MD	ATAAY000	CLS HEALTH	09/08/2002			
Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
10/14/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-8.91	-121.70	-341.97	39.33

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KLAIR ATALLA
10600 SOUTHDOWN TRACE TRL
APT 210
HOUSTON, TX 77034-4675
(832)618-2109

Statement Date	Invoice Number	Page
02/10/2025	CLS ATAKL000	1
Guarantor	Due Date	Payment Due
KLAIR ATALLA	Upon Receipt	120.27

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Date of Last Payment: 11/1/2024	Amount of Last Payment: -101.93
---------------------------------	---------------------------------

Patient: KLAIR ATALLA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ATAKL000	Place of Service: CLS HEALTH	Date of Birth: 01/11/1996
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
07/28/23	99999	NO SHOW		25.00		0.00		25.00

Patient: KLAIR ATALLA	Rendering Physician: AHMED A. MORSY MD	Chart Number: ATAKL000	Place of Service: CLS HEALTH	Date of Birth: 01/11/1996
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
09/22/23	72100	X-rayexam l-s spine 2/3 wws		121.00	-89.37	-24.67	-85.76	-78.80
09/22/23	73630	X-rayexam of foot	LT	104.00		-21.18	-73.74	9.08
09/22/23	73630	X-rayexam of foot	RT	104.00		-21.18	-73.74	9.08
09/22/23	73610	X-rayexam of ankle	LT	112.00		-22.82	-79.40	9.78
09/22/23	73610	X-rayexam of ankle	RT	112.00		-22.82	-79.40	9.78
09/22/23	72202	X-rayexam si joints 3/> wws		119.00		-24.26	-84.34	10.40
09/22/23	73080	X-rayexam of elbow	LT	99.00		-20.15	-70.21	8.64
09/22/23	73080	X-rayexam of elbow	RT	99.00		-20.15	-70.21	8.64
10/27/23	73721	Mri jnt of lwr extre w/o dye		638.00	-65.39	-122.07	-463.61	-13.07

Patient: KLAIR ATALLA	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATAKL000	Place of Service: CLS HEALTH	Date of Birth: 01/11/1996
---------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by BLUE	Adjustments	Remainder
05/13/24	87481	Candida dna amp probe	59	525.00		-72.38	-428.50	24.12
05/13/24	87491	Chylmd trach dna amp probe	59	105.00		-14.48	-85.70	4.82
05/13/24	87511	Gardner vag dna amp probe	59	105.00		-14.48	-85.70	4.82

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Statement Date	Invoice Number	Page
02/10/2025	CLS ATAKL000	2
Guarantor	Due Date	Payment Due
KLAIR ATALLA	Upon Receipt	120.27

KLAIR ATALLA
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05/13/24	87529	HSV, DNA, AMP Probe	59	210.00	-28.95	-171.40	9.65
05/13/24	87563	M. genitalium amp probe		105.00	-14.48	-85.70	4.82
05/13/24	87591	N. gonorrhea dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87640	Staph a dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87651	Strep a dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87653	Strep b dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87801	Detect agnt mult dna ampli		422.00	-57.92	-344.78	19.30
05/13/24	87661	Trichomonas vaginalis amplification	59	105.00	-14.48	-85.70	4.82
05/13/24	87798	Detect agent nos dna amp	59	1,365.0	-188.17	-1,114.11	62.72

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KLAIR ATALLA	JIHAD M. HARMOUCHE MD	ATAKL000	CLS HEALTH	01/11/1996

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
05/13/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-10.00	-122.91		-384.09	-10.00
05/20/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-68.64	-83.54		-303.46	-68.64
05/20/24	76856	Us exam pelvic complete		314.00		-64.68		-227.76	21.56
05/20/24	76830	Transvaginal us non-ob	59	355.00		-73.43		-257.10	24.47

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SAMEH ATALLA
2106 STARBOARD VIEW CIR
FRIENDSWOOD, TX 77546-6513

(832)616-6310

Statement Date	Invoice Number	Page
02/10/2025	CLS ATASA000	1
Guarantor	Due Date	Payment Due
SAMEH ATALLA	Upon Receipt	40.00

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Date of Last Payment: 9/18/2024		Amount of Last Payment: -489.90						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
SAMEH ATALLA	MOUSTAFA M. AHMED MD	ATASA000	CLS HEALTH	06/25/1961				
Paid By Applied to Paid by								
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments	Remainder		
03/02/23	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-15.00	-112.38	-206.62	40.00

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MELODY S. ATCHLEY
413 SEACREST BLVD
LEAGUE CITY, TX 77573-9232

(832)421-4040

Statement Date	Invoice Number	Page
02/10/2025	CLS ATCME000	1
Guarantor	Due Date	Payment Due
MELODY S.	Upon Receipt	195.29

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Date of Last Payment: 11/7/2022					Amount of Last Payment: -70.44				
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
MELODY S. ATCHLEY		VENKATA K. JONNA MD		ATCME000	CLS HEALTH	05/26/1959			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments Remainder		
06/21/22	73523	X-rayexam hips bi 5> views		195.00	-107.42	-61.28	0.00	-133.72	-46.14
06/21/22	72100	X-rayexam l-s spine 2/3 w/s		127.00		-43.97	0.00	-83.03	43.97
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
MELODY S. ATCHLEY		MAHMOOD DWEIK MD		ATCME000	CLEAR LAKE	05/26/1959			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments Remainder		
09/21/22	99220	Observation, Initial - High Severity		550.00		-91.18	-367.63	91.19	
09/22/22	99217	OBSERVATION DISCHARGE		220.00		-35.82	-148.36	35.82	
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
MELODY S. ATCHLEY		MOUSTAFA M. AHMED MD		ATCME000	CLEAR LAKE	05/26/1959			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Oscar	Adjustments Remainder		
09/22/22	99219	Observation, Initial - Moderate Severity		407.00		-70.44	-266.11	70.45	

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TONYA ATCHLEY
2009 36TH AVE N
TEXAS CITY, TX 77590-4019

(409)354-8445

Statement Date	Invoice Number	Page
02/10/2025	CLS ATCTO000	1
Guarantor	Due Date	Payment Due
TONYA ATCHLEY	Upon Receipt	60.00

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Date of Last Payment:	9/16/2021	Amount of Last Payment:	-50.00
Patient: TONYA ATCHLEY	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ATCTO000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Paid By			Paid by CIGNA	Adjustments		Remainder	
			Modifier	Charge	Patient Deductible					
05/18/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-50.00	-80.00	-38.59		-445.41	30.00
09/16/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-50.00		-38.59		-445.41	30.00

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SUZANE S. ATIEH
2024 COVENTRY BAY DR
HOUSTON, TX 77089-1494

(832)888-4207

Statement Date	Invoice Number	Page
02/10/2025	CLS ATISU000	1
Guarantor	Due Date	Payment Due
SUZANE S. ATIEH	Upon Receipt	20.00

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Date of Last Payment: 9/23/2022		Amount of Last Payment: -173.69					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SUZANE S. ATIEH	JIHAD M. HARMOUCHE MD	ATISU000	CLS HEALTH	02/15/1984			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible COMMUNI	Adjustments	Reminder	
05/21/22	99204	OFFICE VIST NEW LEVEL 4	25	521.00	-153.69	-347.31	20.00

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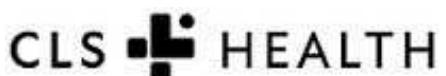
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20.00



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CONNIE D. ATKINS
219 LAUREL ST
BAYTOWN, TX 77520-1740

(346)801-5680

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKCO000	1
Guarantor	Due Date	Payment Due
CONNIE D.	Upon Receipt	25.00

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Date of Last Payment: 9/7/2023

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
CONNIE D. ATKINS	ABDELNASER ELKHALILI MD	ATKCO000	CLS HEALTH	01/12/1961			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by EVERCARE	Adjustments	Remainder
03/27/24	99999	NO SHOW	25.00		0.00		25.00

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25.00



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DAYNA ATKINS
8715 E HIGHLANDS XING
HIGHLANDS, TX 77562-2259

(346)289-9755

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKDA000	1
Guarantor	Due Date	Payment Due
DAYNA ATKINS	Upon Receipt	164.00

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Webster, TX 77598

Date of Last Payment:	5/6/2021	Amount of Last Payment:	-99.95
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAYNA ATKINS	REMY TEQWIMUAH MD	ATKDA000	UTMB	08/21/1968

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
01/29/21	99220	Observation, Initial - High Severity		559.00	-129.50	0.00	-429.50	129.50
01/30/21	99217	OBSERVATION DISCHARGE		222.00	-59.50	0.00	-162.50	59.50

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAYNA ATKINS	MAHMOOD DWEIK MD	ATKDA000	AMERICAN	08/21/1968

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
03/30/21	99205	OFFICE VIST NEW LEVEL 5		690.00	-85.00	-60.00	-99.95	-530.05

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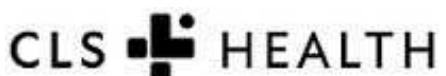
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281-694-5986

JENNIFER S. ATKINS
10600 SOUTHDOWN TRACE
TRL APT 1101
HOUSTON, TX 77034-4684
(281)624-8538

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKJE000	1
Guarantor	Due Date	Payment Due
JENNIFER S.	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment:		0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
JENNIFER S. ATKINS	MOUSTAFA M. AHMED MD	ATKJE000	CLS HEALTH	08/05/1979		
Paid By Applied to Paid by						
Dates	Procedure	Description	Modifier Charge	Patient Deductible EVERCARE	Adjustments	Reminder
04/20/23	99999	NO SHOW	25.00	0.00		25.00

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PO BOX 58538
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LORINE K. ATKINSON
4300 BAY AREA BLVD APT 1113
HOUSTON, TX 77058-1120

(281)624-9673

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKLO000	1
Guarantor	Due Date	Payment Due
LORINE K.	Upon Receipt	221.07

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Date of Last Payment: 12/17/2024					Amount of Last Payment: -20.12		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LORINE K. ATKINSON	MAHMOOD DWEIK MD	ATKLO000	CLS HEALTH	04/29/1971			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments Remainder
12/27/21	95810	Polysom 6/> yrs 4/> param	26	379.00	-31.00	-68.85	-279.15 31.00
12/28/21	95811	Polysom 6/> yrs cpap 4/> parm	26	393.00	-31.00	-72.58	-289.42 31.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LORINE K. ATKINSON	REGINA PILLAI MD	ATKLO000	CLS HEALTH	04/29/1971			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments Remainder
06/06/24	99214	OFFICE VISIT EST/LEVEL 4		387.00		-67.91	-282.09 37.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LORINE K. ATKINSON	CHANISE T. FRANDSEN PA-C	ATKLO000	CLS HEALTH	04/29/1971			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments Remainder
03/11/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-33.00	-105.66	-435.34 -11.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LORINE K. ATKINSON	REGINA R. PILLAI MD	ATKLO000	CLS HEALTH	04/29/1971			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TRICARE	Adjustments Remainder
02/03/22	71046	X-ray exam chest 2 views		107.00	-1.00	-28.10	-78.90 -1.00

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LORINE K. ATKINSON
4300 BAY AREA BLVD APT 1113
HOUSTON, TX 77058-1120

(281)624-9673

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKLO000	2
Guarantor	Due Date	Payment Due
LORINE K.	Upon Receipt	221.07

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Patient: LORINE K. ATKINSON	Rendering Physician: REGINA PILLAI MD	Chart Number: ATKLO000	Place of Service: HOUSTON	Date of Birth: 04/29/1971
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/18/22	99223	INITIAL HOSPITAL/HIGH		609.00		-101.57	-405.85 101.58
09/19/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-52.49	-210.02 52.49

Patient: LORINE K. ATKINSON	Rendering Physician: SOUAD ENAKUAA MD	Chart Number: ATKLO000	Place of Service: CLS HEALTH	Date of Birth: 04/29/1971
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/27/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-35.00	-181.40	-482.60 -35.00
01/29/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-22.00	-110.54	-398.46 15.00

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Statement Date	Invoice Number	Page
02/10/2025	CLS ATMHE000	1
Guarantor	Due Date	Payment Due
HEBAH S. ATMEH	Upon Receipt	1015.82

HEBAH S. ATMEH
270 EL DORADO BLVD APT 1008
WEBSTER, TX 77598-2256

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Date of Last Payment:	10/18/2024	Amount of Last Payment:	0.00
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Patient: HEBAH S. ATMEH	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
07/13/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-5.00	-133.20	-266.80	-5.00

Patient: HEBAH S. ATMEH	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
06/15/22	76801	OB US < 14 WKS SINGLE FETUS	TC	227.00	-10.00	-45.10	-162.57	9.33
06/16/22	76801	OB US < 14 WKS SINGLE FETUS	26	148.00		-29.41	-105.99	12.60

Patient: HEBAH S. ATMEH	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
10/08/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-5.00	-133.20	-266.80	-5.00
10/22/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-5.00	-133.20	-266.80	-5.00
11/05/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-5.00	-133.20	-266.80	-5.00
11/30/22	76815	Ob us limited fetus(s)		248.00		-51.60	-174.28	22.12

Patient: HEBAH S. ATMEH	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
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Statement Date	Invoice Number	Page
02/10/2025	CLS ATMHE000	2
Guarantor	Due Date	Payment Due
HEBAH S. ATMEH	Upon Receipt	1015.82

HEBAH S. ATMEH
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12/28/22	99214	OFFICE VISIT EST/LEVEL 4	385.00	0.00	385.00
12/28/22	81003	Urinalysis auto w/o scope	QW	7.00	0.00

Patient: HEBAH S. ATMEH	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Paid By		Patient Deductible	EVERCARE	Paid by	
			Modifier	Charge			Adjustments	Remainder
01/04/23	99214	OFFICE VISIT EST/LEVEL 4	TH	385.00		0.00	-257.00	128.00
01/04/23	81003	Urinalysis auto w/o scope	QW	7.00		0.00	-5.00	2.00
01/11/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		0.00	-257.00	128.00
01/11/23	81003	Urinalysis auto w/o scope	QW	7.00		0.00	-5.00	2.00
01/11/23	76816	OB US FOLLOW-UP PER FETUS		333.00		0.00	-222.00	111.00

Patient: HEBAH S. ATMEH	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Paid By		Patient Deductible	Ambetter	Paid by	
			Modifier	Charge			Adjustments	Remainder
07/13/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-50.00	-126.60	-253.40	-45.00

Patient: HEBAH S. ATMEH	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ATMHE000	Place of Service: BAY AREA	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Paid By		Patient Deductible	Ambetter	Paid by	
			Modifier	Charge			Adjustments	Remainder
07/25/23	45385	Colonoscopy w/lesion removal		761.00		-182.11	-500.84	78.05
07/25/23	45380	Colonoscopy and biopsy	59	602.00		-143.98	-396.31	61.71

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Statement Date	Invoice Number	Page
02/10/2025	CLS ATMHE000	3
Guarantor	Due Date	Payment Due
HEBAH S. ATMEH	Upon Receipt	1015.82

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Patient: HEBAH S. ATMEH	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ATMHE000	Place of Service: THE HEIGHTS	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Deductible	Ambetter	Adjustments	Remainder
08/01/23	99214	OFFICE VISIT EST/LEVEL 4		293.00		-95.27		-192.73	5.00

Patient: HEBAH S. ATMEH	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: ATMHE000	Place of Service: CLS HEALTH	Date of Birth: 03/31/1994
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Deductible	COMMUNI	Adjustments	Remainder
06/24/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-10.00	-131.14	0.00	-255.86	121.14
06/24/24	81025	Urine pregnancy test		26.00		-5.17	0.00	-20.83	5.17
06/24/24	81003	Urinalysis auto w/o scope	QW	7.00		-1.35	0.00	-5.65	1.35
07/22/24	81003	Urinalysis auto w/o scope	QW	7.00		-1.35	0.00	-5.65	1.35

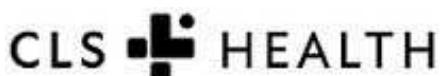
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REXL. ATMAR
329 COUNTY ROAD 788
BUNA, TX 77612-3109

(409)273-2552

Statement Date	Invoice Number	Page
02/10/2025	CLS ATMRE000	1
Guarantor	Due Date	Payment Due
REXL. ATMAR	Upon Receipt	42.99

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Patient: REXL. ATMAR	0.00

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	MEDICARE		
03/17/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00	-21.17	-84.69		-212.14 21.17
03/18/21	99239	HOSPITAL DISCHARGE, LONG		327.00	-21.82	-87.30		-217.88 21.82

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AMANDA F. ATTAWAY
1933 WATERFORD WAY
SEABROOK, TX 77586-2853

(281)686-6005

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTAM000	1
Guarantor	Due Date	Payment Due
AMANDA F.	Upon Receipt	38.89

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Date of Last Payment:	8/11/2021	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AMANDA F. ATTAWAY	MAHMOOD DWEIK MD	ATTAM000	CLS HEALTH	10/29/1978

Dates	Procedure	Description	Paid By Applied to			Paid by BLUE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
07/28/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-30.00	-2.93	-139.67	-421.40 -27.07
07/28/21	94660	Pos airway pressure cpap		197.00		-57.07	0.00	-139.93 57.07

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
AMANDA F. ATTAWAY	MAHMOOD DWEIK MD	ATTAM000		10/29/1978

Dates	Procedure	Description	Paid By Applied to			Paid by BLUE	Adjustments Remainder	
			Modifier	Charge	Patient Deductible			
06/01/21	95806	Sleep study unatt&resp efft	26	316.00		-8.89	-35.57	-271.54 8.89

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AMNA M. ATTA
1302 PINE SAP CT
PEARLAND, TX 77581-8850

(832)461-9710

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTAM001	1
Guarantor	Due Date	Payment Due
AMNA M. ATTA	Upon Receipt	37.78

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Amount of Last Payment: -194.30

Patient: AMNA M. ATTA	Rendering Physician: VENKATA K. JONNA MD	Chart Number: ATTAM001	Place of Service: CLS HEALTH	Date of Birth: 07/23/1958
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
03/14/22	73030	X-ray exam of shoulder		110.00	-20.00	-24.66	-85.34	-20.00

Patient: AMNA M. ATTA	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ATTAM001	Place of Service: CLS HEALTH	Date of Birth: 07/23/1958
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
12/14/22	97032	Electrical stimulation	GP	46.00	-40.00	0.00	-34.61	-28.61
12/14/22	97110	Therapeutic exercises	GP	186.00		-18.58	-138.81	28.61
12/19/22	97032	Electrical stimulation	GP	46.00	-40.00	0.00	-34.61	-28.61
12/19/22	97110	Therapeutic exercises	GP	279.00		-30.78	-208.22	40.00
12/21/22	97032	Electrical stimulation	GP	46.00	-40.00	0.00	-34.61	-28.61
12/21/22	97110	Therapeutic exercises	GP	279.00		-30.78	-208.22	40.00
12/23/22	97032	Electrical stimulation	GP	46.00	-40.00	0.00	-34.61	-28.61
12/23/22	97110	Therapeutic exercises	GP	279.00		-42.17	-208.22	28.61
12/27/22	97032	Electrical stimulation	GP	44.00	-40.00	0.00	-32.61	-28.61
12/27/22	97110	Therapeutic exercises	GP	267.00		-42.17	-196.22	28.61
12/29/22	97032	Electrical stimulation	GP	44.00	-40.00	0.00	-32.61	-28.61
12/29/22	97110	Therapeutic exercises	GP	267.00		-42.17	-196.22	28.61

Patient: AMNA M. ATTA	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ATTAM001	Place of Service: CLS HEALTH	Date of Birth: 07/23/1958
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by INTEGRAN	Adjustments	Remainder
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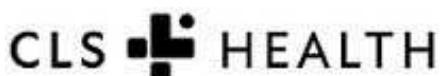
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1302 PINE SAP CT
PEARLAND, TX 77581-8850

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Statement Date	Invoice Number	Page
02/10/2025	CLS ATTAM001	2
Guarantor	Due Date	Payment Due
AMNA M. ATTA	Upon Receipt	37.78

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12/06/23	97162	Pt eval mod complex 30 min	Q6	304.00	-69.50	-199.50	35.00
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Patient: AMNA M. ATTA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ATTAM001	Place of Service: CLS HEALTH	Date of Birth: 07/23/1958
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	INTEGRAN		
10/26/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-35.00	-147.29	-330.71	-10.00

Patient: AMNA M. ATTA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ATTAM001	Place of Service: CLS HEALTH	Date of Birth: 07/23/1958
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	INTEGRAN		
10/25/23	80307	Drug test prsmv chem analyzr		186.00		-29.78	-146.22	10.00

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CLINTON R. ATTAWAY
12157 22ND ST
SANTA FE, TX 77510-2052

(281)703-6465

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTCL000	1
Guarantor	Due Date	Payment Due
CLINTON R.	Upon Receipt	467.14

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
CLINTON R. ATTAWAY	CHAD C. CLAUSE DPM	ATTCL000	CLS HEALTH	05/01/1952		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	HUMANA
09/25/23	11042	Deb subq tissue 20 sq cm/<		391.00		-65.26
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	HUMANA
10/02/23	A6010	Collagen based wound filler	KX	3,810.0		-908.24
10/02/23	A6219	Gauze <= 16 sq in w/border	KX	120.00		-28.01
10/02/23	A6216	Non-sterile gauze<=16 sq in	KX	30.00		-1.11
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	HUMANA
08/14/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-71.05
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Charge	Patient Deductible	HUMANA
08/14/24	99213	OFFICE VISIT EST/LEVEL 3	25	199.00		-31.62

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HODA ATTIA
1425 SUMMER FIELD LN
FRIENDSWOOD, TX 77546-1436

(402)590-1075

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTHO000	1
Guarantor	Due Date	Payment Due
HODA ATTIA	Upon Receipt	261.72

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Date of Last Payment: 11/20/2024					Amount of Last Payment: -50.00		
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
HODA ATTIA		VENKATA K. JONNA MD		ATTHO000	HOUSTON	09/09/1985	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
03/02/22	29876	Knee arthroscopy/surgery		2,055.0	-40.00	-405.41	-221.65
							-1,427.94 365.41
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
HODA ATTIA		ABDELNASER ELKHALIL MD		ATTHO000	CLS HEALTH	09/09/1985	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
02/07/24	99215	OFFICE VISIT EST/LEVEL 5	25	546.00	-50.00	-140.63	-405.37 -50.00
02/07/24	20610	Drain/inj joint/bursa w/o us	RT	199.00		-11.82	-137.18 50.00
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
HODA ATTIA		MAHMOOD DWEIK MD		ATTHO000	CLS HEALTH	09/09/1985	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments Remainder
02/01/24	95800	Sip stdy unattended		405.00	-153.69	-89.60	-265.40 -103.69

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JANET K. ATTEBERRY
3507 EMERALD FALLS CT
HOUSTON, TX 77059-3771

(281)488-4274

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTJA000	1
Guarantor	Due Date	Payment Due
JANET K.	Upon Receipt	6.05

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Date of Last Payment: 11/15/2023

Amount of Last Payment: -86.33

Patient: JANET K. ATTEBERRY	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: ATTJA000	Place of Service:	Date of Birth: 10/21/1942
---------------------------------------	---	----------------------------------	-------------------	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			AETNA
09/06/23	G0180	Home Health Certification / Plan of Care		157.00	-24.22		-126.73	6.05

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JESSICA R. ATTOCKNIE
2211 CORONADO WAY
LEAGUE CITY, TX 77573-7265

(281)635-2394

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTJE000	1
Guarantor	Due Date	Payment Due
JESSICA R.	Upon Receipt	225.00

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Date of Last Payment: 5/1/2021

Amount of Last Payment: 0.00

Patient: JESSICA R. ATTOCKNIE	Rendering Physician: ZULFIQAR CHEEMA MD	Chart Number: ATTJE000	Place of Service: CLS HEALTH	Date of Birth: 07/28/1981
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder
01/07/21	99999	NO SHOW		25.00		0.00		25.00

Patient: JESSICA R. ATTOCKNIE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ATTJE000	Place of Service: CLS HEALTH	Date of Birth: 07/28/1981
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder	
03/04/21	92652	Aep thrshld est mt freq i&r		369.00	-25.00	-72.91		-246.09	25.00
02/01/21	99999	NO SHOW		25.00		0.00			25.00
02/10/21	99999	NO SHOW		25.00		0.00			25.00

Patient: JESSICA R. ATTOCKNIE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ATTJE000	Place of Service: CLS HEALTH	Date of Birth: 07/28/1981
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder	
01/25/21	95819	Eeg awake and asleep		1,431.0	-25.00	-392.93		-988.07	25.00
02/24/21	95913	Nrv cnjd test 13/> studies		955.00	-25.00	-266.80		-638.20	25.00

Patient: JESSICA R. ATTOCKNIE	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ATTJE000	Place of Service: CLS HEALTH	Date of Birth: 07/28/1981
---	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by COMMUNI	Adjustments	Remainder
04/19/21	99999	NO SHOW		25.00		0.00		25.00

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JESSICA R. ATTOCKNIE
2211 CORONADO WAY
LEAGUE CITY, TX 77573-7265

(281)635-2394

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTJE000	2
Guarantor	Due Date	Payment Due
JESSICA R.	Upon Receipt	225.00

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04/20/21	99999	NO SHOW	25.00	0.00	25.00
04/21/21	99999	NO SHOW	25.00	0.00	25.00

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JEREMY ATTAWAY
1116 RYMERS SWITCH LN
FRIENDSWOOD, TX 77546-1418

(409)789-1561

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTJE001	1
Guarantor	Due Date	Payment Due
JEREMY	Upon Receipt	11.66

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Date of Last Payment: 7/8/2024

Amount of Last Payment: -110.44

Patient: JEREMY ATTAWAY	Rendering Physician: ROBERT A. DARLING MD	Chart Number: ATTJE001	Place of Service: CLS HEALTH	Date of Birth: 08/28/1977
-----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			BLUE
05/25/23	92567	Tympanometry		50.00	-11.66	0.00	-38.34	11.66

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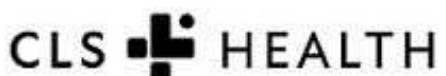
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Amount Due

11.66



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MALIK M. ATTIQ
696 PINELOCH DR
WEBSTER, TX 77598-1859

(682)552-5289

Statement Date	Invoice Number	Page
02/10/2025	CLS ATTMA000	1
Guarantor	Due Date	Payment Due
MALIK M. ATTIQ	Upon Receipt	14.92

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Date of Last Payment: 1/3/2024

Amount of Last Payment: -46.88

Patient: MALIK M. ATTIQ	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: ATTMA000	Place of Service: CLS HEALTH	Date of Birth: 07/28/1975
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
06/07/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-5.00	-171.77	-331.23	-5.00

Patient: MALIK M. ATTIQ	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: ATTMA000	Place of Service: CLS HEALTH	Date of Birth: 07/28/1975
-----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Ambetter	Adjustments	Remainder
11/27/23	97162	Pt eval mod complex 30 min	GP	304.00	-5.00	-58.15	-220.93	19.92

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Amount Due

14.92



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JOSEPH O. ATUOGU
1997 SERENITY LN
LEAGUE CITY, TX 77573-1974

(832)292-1530

Statement Date	Invoice Number	Page
02/10/2025	CLS ATUJO000	1
Guarantor	Due Date	Payment Due
JOSEPH O.	Upon Receipt	11.94

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Date of Last Payment: 10/6/2023		Amount of Last Payment: -71.43					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
JOSEPH O. ATUOGU	ROHIT R. DHIR MD	ATUJO000	CLS HEALTH	03/03/1955			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
12/27/21	51798	Us urine capacity measure	32.00	-11.94	0.00	-20.06	11.94

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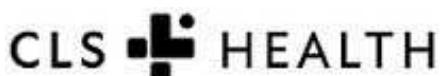
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Amount Due

11.94



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DANA M. ATWOOD
306 ELDER GLEN DR
WEBSTER, TX 77598-2634

(832)580-6307

Statement Date	Invoice Number	Page
02/10/2025	CLS ATWDA000	1
Guarantor	Due Date	Payment Due
DANA M.	Upon Receipt	25.97

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Date of Last Payment: 10/20/2023			Amount of Last Payment: -103.17		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DANA M. ATWOOD		REGINA PILLAI MD	ATWDA000	CLS HEALTH	07/23/1954

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
01/04/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-220.00	-171.77	0.00		-331.23 -48.23

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DANA M. ATWOOD	REGINA PILLAI MD	ATWDA000	CLS HEALTH	07/23/1954

Dates	Procedure	Description	Paid By			Paid by MEDICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
01/04/23	94060	Evaluation of wheezing		116.00		-39.74	0.00		-76.26 39.74
01/04/23	94726	Pulm funct tst plethysmograp		164.00		-14.49	-32.53		-108.68 22.79
01/04/23	94729	Co/membrane diffuse capacity		171.00			-45.73		-113.61 11.66
01/04/23	J7613	Albuterol non-comp unit		2.00			-0.06		-1.93 0.01

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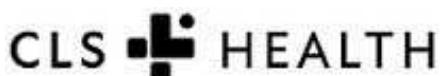
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Amount Due

25.97



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LEROY AUGUST
347 WEDGEROCK DR
WEBSTER, TX 77598-2628

(281)488-2949

Statement Date	Invoice Number	Page
02/10/2025	CLS AUGLE000	1
Guarantor	Due Date	Payment Due
LEROY AUGUST	Upon Receipt	7.60

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Date of Last Payment: 12/8/2022			Amount of Last Payment: -2.20				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LEROY AUGUST	ROHIT R. DHIR MD	AUGLE000	CLS HEALTH	06/17/1946			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Paid by BLUE
09/28/22	99204	OFFICE VIST NEW LEVEL 4		521.00	-42.40	-136.18	-34.74
10/18/23	99992	NO SHOW		50.00		0.00	0.00
							Adjustments Remainder
							-350.08 -42.40
							50.00

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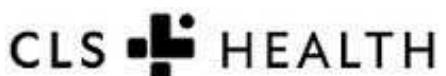
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Amount Due

7.60



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SHARON AUGBON
4330 BURAS PASS LN APT 779
HOUSTON, TX 77045-3546

(832)342-6274

Statement Date	Invoice Number	Page
02/10/2025	CLS AUGSH000	1
Guarantor	Due Date	Payment Due
SHARON	Upon Receipt	81.32

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Date of Last Payment:	7/11/2024	Amount of Last Payment:	0.00
Patient: SHARON AUGBON	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AUGSH000	Place of Service: CLS HEALTH

Dates	Procedure	Description	Modifier	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
				Charge	Applied to					
03/06/24	99205	OFFICE VIST NEW LEVEL 5	Q6	669.00	-100.00	-162.22	0.00		-506.78	62.22
06/27/24	99215	OFFICE VISIT EST/LEVEL 5	Q6	546.00	-39.48		-78.35		-434.07	-5.90
05/09/24	99999	NO SHOW	Q6	25.00			0.00			25.00

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FERMIN AUMADA
6122 CANADA DR
PASADENA, TX 77505-4006

(713)498-9562

Statement Date	Invoice Number	Page
02/10/2025	CLS AUMFE000	1
Guarantor	Due Date	Payment Due
FERMIN AUMADA	Upon Receipt	15.00

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Date of Last Payment: 10/31/2022

Amount of Last Payment: -16.95

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
FERMIN AUMADA	VICTORIA R. ANGELLE RD	AUMFE000	CLS HEALTH	07/22/1959				
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
10/13/22	97802	MEDICAL NUTRITION INDIV IN		230.00	-25.00	-16.95	-173.05	15.00

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TONYA D. AUMILLER
401 E WARING ST
DAYTON, TX 77535-1832

(936)367-9125

Statement Date	Invoice Number	Page
02/10/2025	CLS AUMTO000	1
Guarantor	Due Date	Payment Due
TONYA D.	Upon Receipt	164.08

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Date of Last Payment: 2/22/2024			Amount of Last Payment: -883.00		
Patient: TONYA D. AUMILLER	Rendering Physician: REGINA R. PILLAI MD	Chart Number: AUMTO000	Place of Service: CLS HEALTH	Date of Birth: 07/02/1975	

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments	Remainder
12/05/23	71046	X-ray exam chest 2 views		102.00	-34.92	-27.94	-74.06	-34.92

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TONYA D. AUMILLER	ROBERT A. DARLING MD	AUMTO000	CLS HEALTH	07/02/1975

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments	Remainder
01/04/24	99204	OFFICE VIST NEW LEVEL 4		503.00	-50.00	-123.42	-365.58	-36.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TONYA D. AUMILLER	ROBERT A. DARLING MD	AUMTO000	CLS HEALTH	07/02/1975

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments	Remainder
01/04/24	95004	Percut allergy skin tests		440.00		-97.76	-306.24	36.00
01/16/24	95165	Antigen therapy services		1,320.0		-323.20	-946.80	50.00
01/15/24	95165	Antigen therapy services		3,300.0		-883.00	-2,367.00	50.00
01/13/24	95165	Antigen therapy services		3,300.0		-883.00	-2,367.00	50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TONYA D. AUMILLER	REGINA PILLAI MD	AUMTO000	CLS HEALTH	07/02/1975

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by TRICARE	Adjustments	Remainder
12/13/23	99215	OFFICE VISIT EST/LEVEL 5	GT	546.00		-98.54	-398.46	49.00

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TONYA D. AUMILLER
401 E WARING ST
DAYTON, TX 77535-1832

(936)367-9125

Statement Date	Invoice Number	Page
02/10/2025	CLS AUMTO000	2
Guarantor	Due Date	Payment Due
TONYA D.	Upon Receipt	164.08

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164.08



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HANNAH M. AUSTIN
5025 FM 2351 APT 925
FRIENDSWOOD, TX 77546-2819
WEBSTER, TX 77456-2819
(409)370-3284

Statement Date	Invoice Number	Page
02/10/2025	CLS AUSHA000	1
Guarantor	Due Date	Payment Due
HANNAH M.	Upon Receipt	366.31

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Date of Last Payment: 4/11/2024			Amount of Last Payment: -106.43						
Patient: HANNAH M. AUSTIN		Rendering Physician: JIHAD M. HARMOUCHE MD		Chart Number: AUSHA000		Place of Service: CLEAR LAKE		Date of Birth: 03/06/1999	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Paid by COMMUNIT	Adjustments	Reminder
03/26/23	99223	1ST HOSP IP/OBS HIGH 75	25	523.00		-158.60	0.00	-324.75	39.65
03/26/23	59514	Cesarean delivery only		2,809.0		-698.48	0.00	-1,935.90	174.62
03/27/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.53	0.00	-257.09	20.38
03/29/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00		-84.04	0.00	-239.96	21.00
03/28/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.53	0.00	-257.09	20.38

Patient: HANNAH M. AUSTIN			Rendering Physician: JIHAD M. HARMOUCHE MD		Chart Number: AUSHA000		Place of Service: CLEAR LAKE		Date of Birth: 03/06/1999
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Paid by COMMUNIT	Adjustments	Reminder
12/19/22	99220	Observation, Initial - High Severity		550.00		-181.90	0.00	-110.89	-368.10 71.01
12/20/22	99217	OBSERVATION DISCHARGE		220.00		-71.65	0.00	-52.38	-148.35 19.27

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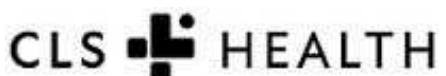
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Amount Due

366.31



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281-694-5986

ISAIAH AUSTGEN
2234 PEARLAND AVE
PEARLAND, TX 77581-4024

(979)922-6592

Statement Date	Invoice Number	Page
02/10/2025	CLS AUSIS000	1
Guarantor	Due Date	Payment Due
ISAIAH AUSTGEN	Upon Receipt	290.01

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Date of Last Payment:	Amount of Last Payment:
Patient: ISAIAH AUSTGEN	0.00

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
01/22/22	99220	Observation, Initial - High Severity		550.00		0.00	-363.64	186.36
01/23/22	99226	Subsequent observation care		311.00		0.00	-207.35	103.65

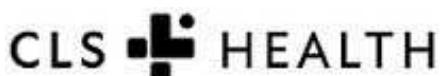
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Amount Due
290.01



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

JOHN P. AUSTIN
535 W NASA PKWY APT 2034
WEBSTER, TX 77598-5171

(346)263-8831

Statement Date	Invoice Number	Page
02/10/2025	CLS AUSJO000	1
Guarantor	Due Date	Payment Due
JOHN P. AUSTIN	Upon Receipt	631.07

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Date of Last Payment:	1/21/2022	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOHN P. AUSTIN	NISARG PATEL MD	AUSJO000	UTMB	09/18/1974

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
10/03/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-410.76	205.24

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOHN P. AUSTIN	EMRAN ABU ATHERAH MD	AUSJO000	UTMB	09/18/1974

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
10/04/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
10/05/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.14	105.86
10/06/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-217.88	109.12

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOHN P. AUSTIN	EMRAN ABU ATHERAH MD	AUSJO000	UTMB	09/18/1974

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by SELFPAY	Adjustments	Remainder
05/09/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99

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LETHENAIL AUSTIN
229 3RD AVE N
TEXAS CITY, TX 77590-7918

(409)655-0137

Statement Date	Invoice Number	Page
02/10/2025	CLS AUSLE000	1
Guarantor	Due Date	Payment Due
LETHENAIL	Upon Receipt	440.00

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Date of Last Payment: 12/16/2024			Amount of Last Payment: -242.50				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
LETHENAIL AUSTIN		ZULFIQAR CHEEMA MD	AUSLE000	CLS HEALTH	06/18/1941		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED		
10/07/21	93925	Lower extremity study	802.00		-77.09		
10/13/22	93880	Extracranial bilat study	614.00	-20.00	-54.75		
01/12/23	93880	Extracranial bilat study	579.00	-15.00	-47.98		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by WELLMED	Adjustments	Reminder
10/28/22	99999	NO SHOW	25.00		0.00		25.00

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ELIZABETH A. AUTRY
5103 DEVON GREEN DR
KATY, TX 77449-6039

(832)331-7967

Statement Date	Invoice Number	Page
02/10/2025	CLS AUTEL001	1
Guarantor	Due Date	Payment Due
ELIZABETH A.	Upon Receipt	282.90

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Date of Last Payment: 11/27/2024			Amount of Last Payment: -10.00		
Patient: ELIZABETH A. AUTRY	Rendering Physician: HEENA S. AHMED MD		Chart Number: AUTEL001	Place of Service: CLS HEALTH	Date of Birth: 01/15/1980

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
02/13/24	99205	OFFICE VIST NEW LEVEL 5	25	669.00		-154.27	-506.78	7.95
02/29/24	27096	Inject sacroiliac joint	50	493.00	-91.66	-167.48	-269.69	-35.83
02/29/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00		0.00	-1.95	1.05
03/28/24	64405	Njx aa&strd gr ocpn nrn	50	233.00	-19.75	-77.04	-130.28	5.93
03/28/24	76942	Echo guide for biopsy		174.00		-35.39	-126.81	11.80
03/28/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00	-0.65	0.35

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ELIZABETH A. AUTRY	HEENA S. AHMED MD	AUTEL001	CLS HEALTH	01/15/1980

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
02/13/24	80307	Drug test prsmv chem analyzr		186.00		-25.64	-151.82	8.54
02/13/24	G0483	Drug test def 22+ classes		741.00		-101.86	-605.19	33.95
05/14/24	80307	Drug test prsmv chem analyzr		186.00		-25.64	-151.82	8.54
06/11/24	80307	Drug test prsmv chem analyzr		186.00		-25.64	-151.82	8.54
02/16/24	80307	Drug test prsmv chem analyzr		186.00		-25.64	-151.82	8.54
08/08/24	80307	Drug test prsmv chem analyzr		186.00		-25.64	-151.82	8.54

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ELIZABETH A. AUTRY	HEENA S. AHMED MD	AUTEL001	CLS HEALTH	01/15/1980

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
07/09/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00		-73.54	-303.46	10.00

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ELIZABETH A. AUTRY
5103 DEVON GREEN DR
KATY, TX 77449-6039

(832)331-7967

Statement Date	Invoice Number	Page
02/10/2025	CLS AUTEL001	2
Guarantor	Due Date	Payment Due
ELIZABETH A.	Upon Receipt	282.90

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Patient: ELIZABETH A. AUTRY	Rendering Physician: HEENA S. AHMED MD	Chart Number: AUTEL001	Place of Service: CLS HEALTH	Date of Birth: 01/15/1980
---------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
07/18/24	64635	Destroy lumb/sac facet jnt	50	1,323.0	-177.25	-454.65		-716.80	-25.70
07/18/24	64636	Destroy l/s facet jnt addl	50	1,430.0		-664.90		-543.47	221.63
07/18/24	J2001	Lidocaine injection	59	0.01		0.00			0.01
07/18/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	4.00		0.00		-3.48	0.52

Patient: ELIZABETH A. AUTRY	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AUTEL001	Place of Service: CLS HEALTH	Date of Birth: 01/15/1980
---------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By		Patient Deductible	Paid by BLUE	Adjustments		Remainder
			Modifier	Charge					
10/31/24	80307	Drug test prsmv chem analyzr		186.00		-25.64		-151.82	8.54

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NINETTA AUTREY
5350 MORGANS LANDING LN
ALVIN, TX 77511-2666

(832)887-4137

Statement Date	Invoice Number	Page
02/10/2025	CLS AUTNI000	1
Guarantor	Due Date	Payment Due
NINETTA AUTREY	Upon Receipt	295.77

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Date of Last Payment:			Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
NINETTA AUTREY		Maha Al-lahiq MD	AUTNI000	HOUSTON	10/17/1951		
Dates	Procedure	Description	Modifier	Paid By Patient Deductible	Paid by CIGNA		
06/21/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00 -56.25	0.00	-182.75	56.25
06/22/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00 -83.09	0.00	-261.91	83.09
06/20/23	99223	1ST HOSP IP/OBS HIGH 75		523.00 -156.43	0.00	-366.57	156.43
Adjustments Remainder							

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PAMELA AUTREY
409 OAKS DR
SOUTH HOUSTON, TX 77587-3728

(832)814-6276

Statement Date	Invoice Number	Page
02/10/2025	CLS AUTPA000	1
Guarantor	Due Date	Payment Due
PAMELA AUTREY	Upon Receipt	676.77

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Date of Last Payment: 10/25/2023

Amount of Last Payment: 0.00

Patient: PAMELA AUTREY	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: AUTPA000	Place of Service: CLEAR LAKE	Date of Birth: 07/27/1958
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Reminder
08/25/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00	-343.18	151.82
08/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
08/29/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
08/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99

Patient: PAMELA AUTREY	Rendering Physician: REGINA PILLAI MD	Chart Number: AUTPA000	Place of Service: CLEAR LAKE	Date of Birth: 07/27/1958
----------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by TMHP	Adjustments	Reminder
08/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99
08/28/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00	-210.01	104.99

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REBECCA AUTREY
12525 COUNTY ROAD 185
ALVIN, TX 77511-8360

(281)777-2632

Statement Date	Invoice Number	Page
02/10/2025	CLS AUTRE000	1
Guarantor	Due Date	Payment Due
REBECCA	Upon Receipt	132.45

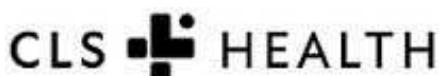
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Date of Last Payment: 10/31/2024			Amount of Last Payment: 0.00				
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
REBECCA AUTREY		AHMED A. MORSY MD	AUTRE000	CLS HEALTH	07/22/1976		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Reliance		
10/10/22	99205	OFFICE VIST NEW LEVEL 5	25	689.00	-100.00		
10/10/22	96372	Ther/proph/diag inj sc/im		45.00	0.00		
10/10/22	J3301	Triamcinolone acet inj nos		12.00	0.00		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELF PAY	Adjustments	Reminder
07/13/23	99214	OFFICE VISIT EST/LEVEL 4	385.00	-100.00	0.00	-260.00	25.00

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ROGER O. AUTREY
18072 COUNTY ROAD 463
BRAZORIA, TX 77422-7055

(979)798-1085

Statement Date	Invoice Number	Page
02/10/2025	CLS AUTRO001	1
Guarantor	Due Date	Payment Due
ROGER O.	Upon Receipt	12.19

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Date of Last Payment: 3/20/2024				Amount of Last Payment: -69.60			
Patient:		Rendering Physician:		Chart Number:		Place of Service:	
ROGER O. AUTREY		JACK A. SASIENE DPM		AUTRO001		CLS HEALTH	
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA	
01/18/24	99203	OFFICE VIST NEW LEVEL 3		338.00		-71.21	-246.79 20.00
02/23/24	11750	Removal of nail bed	TA	484.00		-119.60	-344.40 20.00
Patient:				Rendering Physician:		Chart Number:	
ROGER O. AUTREY		JACK A. SASIENE DPM		AUTRO001		Place of Service:	
Date of Birth:				07/04/1945			
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA	
01/18/24	L4397	Static or dynami afo pre ots	KX	596.00	-90.00 -54.36	-109.11	-404.70 -7.81
Patient:				Rendering Physician:		Chart Number:	
ROGER O. AUTREY		JACK A. SASIENE DPM		AUTRO001		Place of Service:	
Date of Birth:				07/04/1945			
Dates	Procedure	Description		Paid By Modifier Charge	Applied to Patient Deductible	Paid by CASH	
02/23/24	POD44	LASER1 - Lazer 1 Nail		25.00	-45.00	0.00	-20.00

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ELODIE R. AUZENNE EVANS
11419 32ND AVE N
TEXAS CITY, TX 77591-2168

(409)443-7184

Statement Date	Invoice Number	Page
02/10/2025	CLS AUZEL000	1
Guarantor	Due Date	Payment Due
ELODIE R.	Upon Receipt	166.41

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Date of Last Payment: 10/12/2022

Amount of Last Payment: -153.96

Patient: ELODIE R. AUZENNE	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: AUZEL000	Place of Service: UTMB	Date of Birth: 09/09/1977
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
09/10/22	99291	CRITICAL CARE 1ST HOUR		672.00		-102.53	-501.12	68.35
09/10/22	99292	CRITICAL CARE, 30 MIN		338.00		-51.43	-252.29	34.28

Patient: ELODIE R. AUZENNE	Rendering Physician: OMAR ALBUSTAMI MD	Chart Number: AUZEL000	Place of Service: UTMB	Date of Birth: 09/09/1977
--------------------------------------	--	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Reminder
09/10/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-47.84	-235.27	31.89
09/11/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-47.84	-235.27	31.89

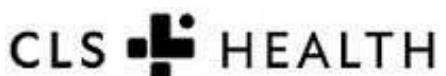
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TAMMY L. AUZSTON
1919 13TH AVE N APT 141
TEXAS CITY, TX 77590-5455

(409)256-7052

Statement Date	Invoice Number	Page
02/10/2025	CLS AUZTA000	1
Guarantor	Due Date	Payment Due
TAMMY L.	Upon Receipt	151.96

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Patient: TAMMY L. AUZSTON	Rendering Physician: MAAMOUN A. HARMOUCH	Chart Number: AUZTA000	Place of Service: MAINLAND

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
02/25/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	57	495.00		-145.73	-312.84	36.43
02/25/23	44970	Laparoscopy appendectomy		1,858.0		-462.12	-1,280.35	115.53

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151.96



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ALBERTO C. AVALOS
607 W JAMES ST
BAYTOWN, TX 77520-4536

(713)876-1749

Statement Date	Invoice Number	Page
02/10/2025	CLS AVAAL001	1
Guarantor	Due Date	Payment Due
ALBERTO C.	Upon Receipt	119.45

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Date of Last Payment:	3/19/2024	Amount of Last Payment:	-20.00
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Patient: ALBERTO C. AVALOS	Rendering Physician: DAVID HAMER MD	Chart Number: AVAAL001	Place of Service: CLS HEALTH	Date of Birth: 03/27/1958
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Dates	Procedure	Description	Paid By			Paid by WELLMED	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
01/22/24	93306	Tte w/doppler complete		585.00	-15.00	-73.53		-391.47	105.00
03/19/24	93000	Electrocardiogram complete		43.00		0.00		-28.55	14.45

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BANESSA AVALOS
1142 CASTELLINA LN
HOUSTON, TX 77055-1047

(832)388-5509

Statement Date	Invoice Number	Page
02/10/2025	CLS AVABA000	1
Guarantor	Due Date	Payment Due
BANESSA	Upon Receipt	3362.00

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Date of Last Payment: 4/16/2024	Amount of Last Payment: -250.00
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Patient: BANESSA AVALOS	Rendering Physician: JIHAD M. HARMOUCHE MD	Chart Number: AVABA000	Place of Service: CLS HEALTH	Date of Birth: 03/19/1996
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by CASH	Adjustments	Reminder
				Charge	Patient Deductible			
04/16/24	87481	Candida dna amp probe	59	525.00		0.00		525.00
04/16/24	87491	ChyImd trach dna amp probe	59	105.00		0.00		105.00
04/16/24	87511	Gardner vag dna amp probe	59	105.00		0.00		105.00
04/16/24	87529	HSV, DNA, AMP Probe	59	210.00		0.00		210.00
04/16/24	87563	M. genitalium amp probe		105.00		0.00		105.00
04/16/24	87591	N. gonorrhea dna amp probe	59	105.00		0.00		105.00
04/16/24	87640	Staph a dna amp probe	59	105.00		0.00		105.00
04/16/24	87651	Strep a dna amp probe	59	105.00		0.00		105.00
04/16/24	87653	Strep b dna amp probe	59	105.00		0.00		105.00
04/16/24	87801	Detect agnt mult dna ampli		422.00		0.00		422.00
04/16/24	87661	Trichomonas vaginalis amplification	59	105.00		0.00		105.00
04/16/24	87798	Detect agent nos dna amp	59	1,365.0		0.00		1,365.00

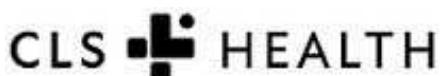
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CYNTHIA AVALOS
22 SARITA RD
ANGLETON, TX 77515-2713

(979)230-8600

Statement Date	Invoice Number	Page
02/10/2025	CLS AVACY000	1
Guarantor	Due Date	Payment Due
CYNTHIA AVALOS	Upon Receipt	37.18

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Date of Last Payment: 11/28/2022	Amount of Last Payment: -95.79
Patient: CYNTHIA AVALOS	Rendering Physician: ABDELNASER ELKHALILI MD Chart Number: AVACY000 Place of Service: CLS HEALTH Date of Birth: 02/09/1978

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
09/16/22	99244	OFFICE CONSULTATION/LEVEL 4		374.00	-25.00	-148.94	-208.52	-8.46
11/07/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-15.00	-95.79	-293.57	-4.36
06/07/23	99999	NO SHOW		25.00		0.00		25.00
09/20/23	99999	NO SHOW		25.00		0.00		25.00

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

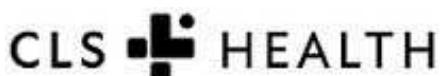
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To make a payment online, go to cls.health/payment

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

Amount Due

37.18



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

GEORGE AVALOS
2215 KILGORE RD
BAYTOWN, TX 77520-3862

(832)916-8322

Statement Date	Invoice Number	Page
02/10/2025	CLS AVAGE000	1
Guarantor	Due Date	Payment Due
GEORGE	Upon Receipt	43.37

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Date of Last Payment: 11/22/2023

Amount of Last Payment: -173.49

Patient: GEORGE AVALOS	Rendering Physician: SHAFRAZ MOHAMMED MD	Chart Number: AVAGE000	Place of Service: HOUSTON	Date of Birth: 04/12/1962
----------------------------------	--	----------------------------------	-------------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by MERITAIN	Adjustments	Remainder
09/06/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-106.30	-362.13	26.57
09/07/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-67.19	-275.01	16.80

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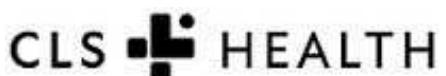
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Amount Due

43.37



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

GIAN F. AVALOS DELGADO
41 OAKWELL FARMS PKWY
SAN ANTONIO, TX 78218-1781

(210)749-5020

Statement Date	Invoice Number	Page
02/10/2025	CLS AVAGI000	1
Guarantor	Due Date	Payment Due
GIAN F. AVALOS	Upon Receipt	74.52

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Date of Last Payment: 8/12/2022		Amount of Last Payment: -111.78		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GIAN F. AVALOS	NISARG PATEL MD	AVAGI000	THE HEIGHTS	12/16/2003
<hr/>				
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by BLUE
05/25/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00	-111.78
				Adjustments Remainder -308.70 74.52

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

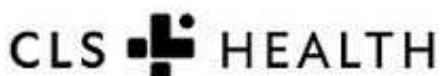
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Amount Due

74.52



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281-694-5986

LILIAN E. AVALOS PEREZ
12614 EGRET HILL CT
HOUSTON, TX 77089-5955

(832)461-7299

Statement Date	Invoice Number	Page
02/10/2025	CLS AVALI000	1
Guarantor	Due Date	Payment Due
LILIAN E.	Upon Receipt	25.00

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LILIAN E. AVALOS PEREZ		ABDELNASER ELKHALILI MD	AVALI000	CLS HEALTH	02/10/1969
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by MOLINA
01/27/21	99999	NO SHOW	25.00	0.00	25.00
			Adjustments Remainder		

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Amount Due

25.00



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BILLIE J. AVERY
3400 BURKE RD APT NO217
PASADENA, TX 77504-2028

(346)219-4194

Statement Date	Invoice Number	Page
02/10/2025	CLS AVEBI000	1
Guarantor	Due Date	Payment Due
BILLIE J. AVERY	Upon Receipt	161.63

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Date of Last Payment: 4/23/2024					Amount of Last Payment: -63.35			
Patient: BILLIE J. AVERY		Rendering Physician: AHMAD S. AL-TAWEEL MD		Chart Number: AVEBI000	Place of Service: BAYSHORE	Date of Birth: 02/15/1933		
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
03/14/24	99223	1ST HOSP IP/OBS HIGH 75	25	521.00		-139.12	-346.60	35.28
03/14/24	93306	Tte w/doppler complete	26	230.00		-54.14	-162.13	13.73
Patient: BILLIE J. AVERY					Chart Number: AVEBI000	Place of Service: BAYSHORE	Date of Birth: 02/15/1933	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
03/16/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-95.29	-237.54	24.17
Patient: BILLIE J. AVERY					Chart Number: AVEBI000	Place of Service: BAYSHORE	Date of Birth: 02/15/1933	
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by MEDICARE	Adjustments	Remainder
03/15/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00		-95.29	-237.54	24.17
03/18/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58	16.07
03/19/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58	16.07
03/20/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58	16.07
03/21/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00		-63.35	-157.58	16.07

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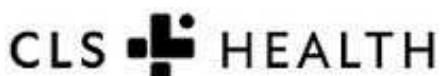
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Amount Due

161.63



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

FRANK S. AVERY
225 S HERITAGE OAKS DR
TEXAS CITY, TX 77591-9293

(281)850-4636

Statement Date	Invoice Number	Page
02/10/2025	CLS AVEFR000	1
Guarantor	Due Date	Payment Due
FRANK S. AVERY	Upon Receipt	150.62

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Webster, TX 77598

Date of Last Payment:	7/29/2022	Amount of Last Payment:	-173.84
Patient: FRANK S. AVERY	Rendering Physician: LUIGI TERMINELLA MD	Chart Number: AVEFR000	Place of Service: UTMB

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
07/12/22	99291	CRITICAL CARE 1ST HOUR		672.00	-43.45	-173.84	-454.71	43.45
07/13/22	99291	CRITICAL CARE 1ST HOUR		672.00	-43.45	-173.84	-454.71	43.45
07/15/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-81.11	-213.62	20.27
07/14/22	99291	CRITICAL CARE 1ST HOUR		672.00		-173.84	-454.71	43.45

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

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Amount Due

150.62



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

JANICE L. AVERY
6166 NEWCASTLE LN
LEAGUE CITY, TX 77573-2582

(832)273-5872

Statement Date	Invoice Number	Page
02/10/2025	CLS AVEJA000	1
Guarantor	Due Date	Payment Due
JANICE L. AVERY	Upon Receipt	110.00

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Date of Last Payment: 4/18/2024		Amount of Last Payment: -809.57		
Patient: JANICE L. AVERY	Rendering Physician: CHARLIE CHANG MD	Chart Number: AVEJA000	Place of Service:	Date of Birth: 06/16/1955

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/03/22	76536	Us exam of head and neck		360.00	-20.00	-123.31	-236.69 -20.00

Patient: JANICE L. AVERY	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AVEJA000	Place of Service:	Date of Birth: 06/16/1955
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
10/27/22	95913	Nrv cnjd test 13> studies		920.00	-20.00	-159.49	-610.51 130.00

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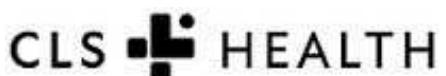
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Amount Due

110.00



PO BOX 58538
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SHAWN T. AVERY
4208 PARRY DR
PEARLAND, TX 77584-1477

(281)974-9417

Statement Date	Invoice Number	Page
02/10/2025	CLS AVESH000	1
Guarantor	Due Date	Payment Due
SHAWN T.	Upon Receipt	53.02

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Date of Last Payment:	4/12/2024	Amount of Last Payment:	-22.82
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHAWN T. AVERY	MAHMOOD DWEIK MD	AVESH000	CLEAR LAKE	09/09/1964

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
05/29/21	99236	Hosp/Obs - Admit/Disch Same Day Level		660.00	-46.02	-138.08	-475.90	46.02

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SHAWN T. AVERY	GHYATH SAMMAN MD	AVESH000	CLEAR LAKE	09/09/1964

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
02/05/24	93010	Electrocardiogram report		50.00		-22.82	-20.18	7.00

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Amount Due

53.02



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STANLEY AVERY
17702 WILLOW POND RD
ALVIN, TX 77511-7487

(409)655-0647

Statement Date	Invoice Number	Page
02/10/2025	CLS AVEST000	1
Guarantor	Due Date	Payment Due
STANLEY AVERY	Upon Receipt	140.11

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Date of Last Payment: 5/3/2024				Amount of Last Payment: -92.06			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
STANLEY AVERY	ZEID F. KARADSHEH MD	AVEST000	MAINLAND	12/20/1960			
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible MEDICARE Adjustments Remainder							
06/24/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00	-93.89	-241.16	23.95
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
STANLEY AVERY	ZEID F. KARADSHEH MD	AVEST000	MAINLAND	12/20/1960			
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible MEDICARE Adjustments Remainder							
07/16/23	99223	1ST HOSP IP/OBS HIGH 75	AI	523.00	-136.86	-351.23	34.91
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
STANLEY AVERY	KAREEM GADELMOLA MD	AVEST000	UTMB	12/20/1960			
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible MEDICARE Adjustments Remainder							
03/30/24	99223	1ST HOSP IP/OBS HIGH 75		521.00	-134.44	-352.27	34.29
03/31/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00	-92.06	-241.46	23.48
04/01/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00	-92.06	-241.46	23.48

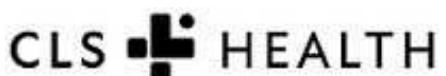
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Amount Due

140.11



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ALBERTO AVILA
3203 CHARLES ST
BACLIFF, TX 77518-2056

(832)727-8352

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIAL000	1
Guarantor	Due Date	Payment Due
ALBERTO AVILA	Upon Receipt	437.38

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Date of Last Payment:			Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ALBERTO AVILA	EMRAN ABU ATHERAH MD	AVIAL000	UTMB	04/07/1968		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY	Adjustments Remainder
01/09/22	99220	Observation, Initial - High Severity	550.00		0.00	-366.64 183.36
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ALBERTO AVILA	REMY TEQWIMUAH MD	AVIAL000	UTMB	04/07/1968		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SEFPAY	Adjustments Remainder
01/10/22	99232	HOSPITAL , SUBSEQUENT, MOD	219.00		0.00	-145.95 73.05
01/11/22	99232	HOSPITAL , SUBSEQUENT, MOD	219.00		0.00	-145.95 73.05
01/12/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-216.08 107.92

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Amount Due

437.38



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Webster, TX 77598
281-694-5986

BERTHA L. AVIE
501 7TH AVE N
TEXAS CITY, TX 77590-7746

(409)916-2245

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIBE000	1
Guarantor	Due Date	Payment Due
BERTHA L. AVIE	Upon Receipt	25.00

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Date of Last Payment: 10/4/2024		Amount of Last Payment: -33.65					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
BERTHA L. AVIE	JACQUELINE M. WEGGE MD	AVIBE000	CLS HEALTH	02/12/1948			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
02/21/22	99999	NO SHOW	25.00		0.00		25.00

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Amount Due

25.00



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281-694-5986

EDGAR AVILA
2001 JENKINS RD APT 224
PASADENA, TX 77506-5050

(832)581-1044

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIED001	1
Guarantor	Due Date	Payment Due
EDGAR AVILA	Upon Receipt	125.00

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Date of Last Payment: 11/15/2023	Amount of Last Payment: -121.03
----------------------------------	---------------------------------

Patient: EDGAR AVILA	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AVIED001	Place of Service: CLS HEALTH	Date of Birth: 01/27/1973
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
09/27/23	99992	NO SHOW		50.00		0.00		50.00

Patient: EDGAR AVILA	Rendering Physician: ZEID F. KARADSHEH MD	Chart Number: AVIED001	Place of Service: CLS HEALTH	Date of Birth: 01/27/1973
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
02/01/24	99999	NO SHOW		25.00		0.00		25.00
12/14/23	99999	NO SHOW		25.00		0.00		25.00
11/13/23	99999	NO SHOW		25.00		0.00		25.00

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Amount Due

125.00



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Statement Date	Invoice Number	Page
02/10/2025	CLS AVIFE000	1
Guarantor	Due Date	Payment Due
FELISHA A. AVILA	Upon Receipt	613.01

FELISHA A. AVILA
9707 MONTANA SAPPHIRE LN
ROSHARON, TX 77583-5197

(832)434-9775

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

Date of Last Payment:				Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
FELISHA A. AVILA	NISARG PATEL MD	AVIFE000	UTMB	07/28/1979		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Modifier	Patient Deductible	SEFPAY
10/20/21	99220	Observation, Initial - High Severity		559.00		0.00
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Modifier	Patient Deductible	SEFPAY
10/21/21	99226	Subsequent observation care		318.00		0.00
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Modifier	Patient Deductible	SEFPAY
10/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00
10/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00
10/24/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00

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Amount Due

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613.01

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Webster, TX 77598
281-694-5986

JAIME D. AVILA
2815 CALIFORNIA ST TRLR 13
DICKINSON, TX 77539-6015

(832)507-1746

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIJA000	1
Guarantor	Due Date	Payment Due
JAIME D. AVILA	Upon Receipt	50.26

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment:	10/18/2022		Amount of Last Payment:	-58.94
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JAIME D. AVILA	TAREK M. HUSSEIN DPT	AVIJA000	CLS HEALTH	08/11/2001

Dates	Procedure	Description	Paid By			Paid by Ambetter	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
09/16/22	97162	Pt eval mod complex 30 min	GP	316.00		-58.94		-231.80	25.26
09/26/22	99999	NO SHOW	GP	25.00		0.00			25.00

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

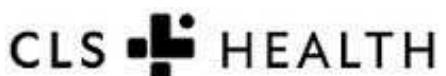
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Amount Due

50.26



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

JOSE AVINA CERVANTES
404 AVENUE F
SOUTH HOUSTON, TX 77587-4311

(713)493-4136

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIJO000	1
Guarantor	Due Date	Payment Due
JOSE AVINA	Upon Receipt	103.63

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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

Date of Last Payment: 4/2/2024

Amount of Last Payment: -133.54

Patient: JOSE AVINA CERVANTES	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AVIJO000	Place of Service: UTMB	Date of Birth: 11/27/1951
---	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by AMERIGR	Adjustments	Remainder
03/22/22	99223	INITIAL HOSPITAL/HIGH		609.00		-162.52	-405.85	40.63

Patient: JOSE AVINA CERVANTES	Rendering Physician: EMRAN ABU ATHERAH MD	Chart Number: AVIJO000	Place of Service: UTMB	Date of Birth: 11/27/1951
---	---	----------------------------------	----------------------------------	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by AMERIVA	Adjustments	Remainder
12/07/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.31	-211.69	21.00
12/08/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.31	-211.69	21.00
12/09/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-82.31	-211.69	21.00

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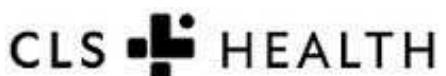
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Amount Due

103.63



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281-694-5986

KENDRA AVINA
14426 MERGANSER DR
HOUSTON, TX 77047-4633

(832)689-2964

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIKE000	1
Guarantor	Due Date	Payment Due
KENDRA AVINA	Upon Receipt	25.00

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Date of Last Payment: **10/24/2024**

Amount of Last Payment: **-92.97**

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
KENDRA AVINA	MAHMOOD DWEIK MD	AVIKE000	CLS HEALTH	06/26/1992			
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
08/16/21	99999	NO SHOW	25.00		0.00		25.00

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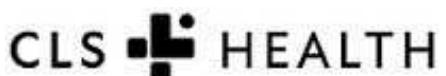
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25.00



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LESLIE A. AVILA
3507 RAMSEY DR
PASADENA, TX 77503-2743

(832)835-4060

Statement Date	Invoice Number	Page
02/10/2025	CLS AVILE000	1
Guarantor	Due Date	Payment Due
LESLIE A. AVILA	Upon Receipt	64.53

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Date of Last Payment:	10/17/2024		Amount of Last Payment:	-6.03
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LESLIE A. AVILA	JIHAD M. HARMOUCHE MD	AVILE000	CLS HEALTH	01/12/2002

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	BLUE		
07/08/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-50.00	-136.03	-341.97	-25.00
07/08/23	58301	Remove intrauterine device		338.00		-89.53	0.00	-248.47

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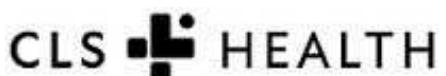
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Amount Due

64.53



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281-694-5986

MARIA I. AVINA
934 PEBBLESHERE DR
HOUSTON, TX 77062-4035

(832)723-9570

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIMA001	1
Guarantor	Due Date	Payment Due
MARIA I. AVINA	Upon Receipt	70.00

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Date of Last Payment: 1/4/2024

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:								
MARIA I. AVINA	MAAMOUN A. HARMOUCH	AVIMA001	CLS HEALTH	11/17/1966								
Dates	Procedure	Description	Paid By	Applied to	Paid by	Modifer	Charge	Patient	Deductible	UNITED	Adjustments	Remainder
11/10/23	46600	Diagnostic anoscopy spx	365.00	-70.00	0.00						-295.00	70.00

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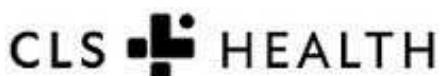
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Amount Due

70.00



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281-694-5986

MYRNA E. AVILA
2001 JENKINS RD APT 224
PASADENA, TX 77506-5050

(409)419-8660

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIMY000	1
Guarantor	Due Date	Payment Due
MYRNA E. AVILA	Upon Receipt	393.51

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Date of Last Payment:	6/13/2024	Amount of Last Payment:	-7.57
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MYRNA E. AVILA	ZULFIQAR CHEEMA MD	AVIMY000	HOUSTON	03/21/1977

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			
10/27/22	99254	HOSPITAL CONSULT, LEVEL 4		377.00		0.00	-251.00	126.00
10/28/22	36558	Insert tunneled cv cath		804.00		0.00	-536.49	267.51

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393.51



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PEDRO AVILA
424 PARK HILL DR
MADISONVILLE, TX 77864-1724

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIPE000	1
Guarantor	Due Date	Payment Due
PEDRO AVILA	Upon Receipt	615.51

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Date of Last Payment:			Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
PEDRO AVILA		NISARG PATEL MD	AVIPE000	THE HEIGHTS	07/24/1964			
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by IMAGINE	Adjustments	Remainder
09/07/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00	-167.62	0.00	-327.38	167.62
09/08/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-59.90	0.00	-159.10	59.90
09/09/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-59.90	0.00	-159.10	59.90
09/10/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-59.90	0.00	-159.10	59.90
09/11/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-59.90	0.00	-159.10	59.90
09/12/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-59.90	0.00	-159.10	59.90
09/13/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00	-59.90	0.00	-159.10	59.90
09/14/22	99239	HOSPITAL DISCHARGE, LONG		324.00	-88.49	0.00	-235.51	88.49

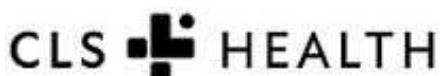
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Amount Due
615.51



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PEDRO AVINA
10433 AMBURSEN ST
HOUSTON, TX 77034-2827

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIPE001	1
Guarantor	Due Date	Payment Due
PEDRO AVINA	Upon Receipt	8.57

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Date of Last Payment: 8/22/2023		Amount of Last Payment: -44.44						
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:				
PEDRO AVINA	ROHIT R. DHIR MD	AVIPE001	CLS HEALTH	02/22/1996				
Paid By Applied to Paid by								
Dates	Procedure	Description	Modifier Charge	Patient Deductible	TRICARE	Adjustments	Remainder	
02/22/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-30.00	-4.79	-135.12	-329.31	8.57

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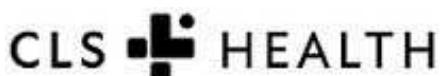
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Amount Due

8.57



PO BOX 58538
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281-694-5986

RANULFO AVILES
5800 HOLLISTER ST
HOUSTON, TX 77040-5700

(832)256-6969

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIRA001	1
Guarantor	Due Date	Payment Due
RANULFO AVILES	Upon Receipt	60.00

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Date of Last Payment: 12/13/2021

Amount of Last Payment: 0.00

Patient: RANULFO AVILES	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AVIRA001	Place of Service: CLS HEALTH	Date of Birth: 08/04/1956
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Dates	Procedure	Description	Paid By			Paid by BLUE	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible				
11/09/21	76870	Us exam scrotum		331.00	-20.00	-80.00	-6.16	-244.84	60.00

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Amount Due

60.00



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Statement Date	Invoice Number	Page
02/10/2025	CLS AVIRO000	1
Guarantor	Due Date	Payment Due
ROSA A. AVINA	Upon Receipt	659.84

ROSA A. AVINA
10617 CHAMBERS ST
HOUSTON, TX 77034-2953

(832)853-3586

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Date of Last Payment: 11/1/2024					Amount of Last Payment: 0.00		
Patient:		Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
ROSA A. AVINA		JACQUELINE M. WEGGE MD	AVIRO000	CLS HEALTH	09/13/1965		
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
01/07/21	11406	Exc tr-ext b9+marg >4.0 cm	2,018.0	-10.00	-602.44	0.00	-1,415.56 592.44
01/07/21	12034	Intmd rpr s/tr/ext 7.6-12.5	1,063.0		-72.56	-76.36	-914.08 72.56
Patient:					Date of Birth:		
ROSA A. AVINA		Rendering Physician:	Chart Number:	Place of Service:	09/13/1965		
JACQUELINE M. WEGGE MD		AVIRO000	CLS HEALTH	CLS HEALTH	09/13/1965		
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
02/16/22	99213	OFFICE VISIT EST/LEVEL 3	283.00		-94.41	0.00	-188.59 94.41
Patient:					Date of Birth:		
ROSA A. AVINA		Rendering Physician:	Chart Number:	Place of Service:	09/13/1965		
ABDELNASER ELKHALILI MD		AVIRO000	CLS HEALTH	CLS HEALTH	09/13/1965		
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
03/30/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-149.57		-187.73	-375.27 -149.57
Patient:					Date of Birth:		
ROSA A. AVINA		Rendering Physician:	Chart Number:	Place of Service:	09/13/1965		
DANNY M. MOUNIR MD		AVIRO000	CLS HEALTH	CLS HEALTH	09/13/1965		
Paid By Applied to Paid by Dates Procedure Description Modifier Charge Patient Deductible Ambetter Adjustments Remainder							
08/30/23	99999	NO SHOW	25.00		0.00		25.00

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Amount Due

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ROSA A. AVINA
10617 CHAMBERS ST
HOUSTON, TX 77034-2953

(832)853-3586

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIRO000	2
Guarantor	Due Date	Payment Due
ROSA A. AVINA	Upon Receipt	659.84

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Patient: ROSA A. AVINA	Rendering Physician: MAGDY ATTIA PT	Chart Number: AVIRO000	Place of Service: CLS HEALTH	Date of Birth: 09/13/1965
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
09/06/23	99999	NO SHOW		25.00	0.00		25.00

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Amount Due

659.84



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SALVADOR AVILA
15630 TUMBLING RAPIDS DR
HOUSTON, TX 77084-3647

(832)513-9344

Statement Date	Invoice Number	Page
02/10/2025	CLS AVISA000	1
Guarantor	Due Date	Payment Due
SALVADOR AVILA	Upon Receipt	50.00

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Webster, TX 77598

Date of Last Payment: 8/30/2024		Amount of Last Payment: -366.84					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
SALVADOR AVILA	ABDULHADI M. AKHTAR MD	AVISA000	CLS HEALTH	04/25/1961			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	Devoted	Adjustments	Remainder
12/13/23	99992	NO SHOW	50.00		0.00		50.00

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Amount Due

50.00



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SILVIA T. AVILA
2302 CHESHIRE LN
HOUSTON, TX 77018-4023

(832)212-5662

Statement Date	Invoice Number	Page
02/10/2025	CLS AVISI000	1
Guarantor	Due Date	Payment Due
SILVIA T. AVILA	Upon Receipt	11.90

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Date of Last Payment: 2/2/2023		Amount of Last Payment: -47.60		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SILVIA T. AVILA	NISARG PATEL MD	AVISI000	THE HEIGHTS	02/03/1967
<hr/>				
Dates	Procedure	Description	Paid By Applied to Modifier Charge Patient Deductible	Paid by UNITED
10/30/22	99217	OBSERVATION DISCHARGE	220.00	-47.60
				-160.50
				11.90

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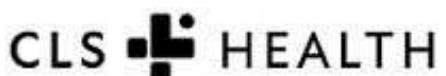
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Amount Due

11.90



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281-694-5986

CLIFFORD R. AVRITT
526 PRIMROSE LN
LA PORTE, TX 77571-6721

(346)330-0956

Statement Date	Invoice Number	Page
02/10/2025	CLS AVRCL000	1
Guarantor	Due Date	Payment Due
CLIFFORD R.	Upon Receipt	153.17

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Date of Last Payment:	9/18/2024	Amount of Last Payment:	-238.38
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CLIFFORD R. AVRITT	MAAMOUN A. HARMOUCH	AVRCL000	CLS HEALTH	01/22/1966

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by THE	Adjustments	Remainder
10/05/23	99205	OFFICE VIST NEW LEVEL 5		664.00		-155.94	-478.06	30.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CLIFFORD R. AVRITT	MAAMOUN A. HARMOUCH	AVRCL000	DOCTORS	01/22/1966

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to	Paid by THE	Adjustments	Remainder
11/01/23	44392	Colonoscopy & polypectomy		731.00		-92.67	-515.16	123.17

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Amount Due

153.17



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AMINA AWDI
12502 IRIS HOLLOW WAY
HOUSTON, TX 77089-5100

(281)323-9627

Statement Date	Invoice Number	Page
02/10/2025	CLS AWDAM000	1
Guarantor	Due Date	Payment Due
AMINA AWDI	Upon Receipt	78.94

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Date of Last Payment: 11/29/2022	Amount of Last Payment: -85.86
----------------------------------	--------------------------------

Patient: AMINA AWDI	Rendering Physician: TAREK M. HUSSEIN DPT	Chart Number: AWDAM000	Place of Service: CLS HEALTH	Date of Birth: 01/01/1972
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Dates	Procedure	Description	Modifier	Paid By		Paid by BRIGHT	Adjustments		Remainder
				Charge	Patient Deductible				
10/03/22	97032	Electrical stimulation	GP	46.00	-5.00	-10.62		-32.73	-2.35
10/03/22	97110	Therapeutic exercises	GP	93.00		-20.60		-67.25	5.15
10/03/22	97530	Therapeutic activities	GP	117.00		-24.04		-86.95	6.01
10/03/22	97162	Pt eval mod complex 30 min	GP	316.00		-91.32		-201.85	22.83
10/04/22	97032	Electrical stimulation	GP	46.00	-20.00	-10.62		-32.73	-17.35
10/04/22	97110	Therapeutic exercises	GP	186.00		-41.20		-134.50	10.30
10/04/22	97530	Therapeutic activities	GP	117.00		-34.04		-74.45	8.51
10/07/22	97032	Electrical stimulation	GP	46.00	-20.00	-10.62		-32.73	-17.35
10/07/22	97110	Therapeutic exercises	GP	186.00		-41.20		-134.50	10.30
10/07/22	97530	Therapeutic activities	GP	117.00		-34.04		-74.45	8.51
10/12/22	97032	Electrical stimulation	GP	46.00		-10.62		-32.73	2.65
10/12/22	97110	Therapeutic exercises	GP	93.00		-41.20		-41.50	10.30
10/12/22	97530	Therapeutic activities	GP	117.00		-34.04		-74.45	8.51
10/18/22	97032	Electrical stimulation	GP	46.00	-20.00	-10.62		-32.73	-17.35
10/18/22	97110	Therapeutic exercises	GP	186.00		-41.20		-134.50	10.30
10/18/22	97530	Therapeutic activities	GP	117.00		-34.04		-74.45	8.51
10/26/22	97032	Electrical stimulation	GP	46.00		-10.62		-32.73	2.65
10/26/22	97110	Therapeutic exercises	GP	186.00		-41.20		-134.50	10.30
10/26/22	97530	Therapeutic activities	GP	117.00		-34.04		-74.45	8.51

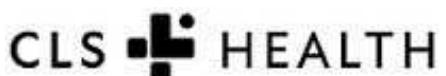
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Amount Due
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281-694-5986

JOHN A. AXSOM
18153 BAL HARBOUR DR
HOUSTON, TX 77058-4309

(619)846-1091

Statement Date	Invoice Number	Page
02/10/2025	CLS AXSJO000	1
Guarantor	Due Date	Payment Due
JOHN A. AXSOM	Upon Receipt	165.00

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PO BOX 58538
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Date of Last Payment:	1/12/2022	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOHN A. AXSOM	ZULFIQAR CHEEMA MD	AXSJO000	CLS HEALTH	03/01/1940

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
12/28/21	99244	OFFICE CONSULTATION/LEVEL 4		374.00	-35.00	-138.67	-200.33 35.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOHN A. AXSOM	ZULFIQAR CHEEMA MD	AXSJO000	CLS HEALTH	03/01/1940

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
11/24/21	93925	Lower extremity study		802.00	-20.00	-150.00	-77.09 -574.91 130.00

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Amount Due

165.00



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281-694-5986

ANDREW AYALA
9810 SAGEMARK DR
HOUSTON, TX 77089-5024

(281)914-7014

Statement Date	Invoice Number	Page
02/10/2025	CLS AYAAN000	1
Guarantor	Due Date	Payment Due
ANDREW AYALA	Upon Receipt	16.00

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Date of Last Payment: **12/29/2021**

Amount of Last Payment: **-49.87**

Patient: ANDREW AYALA	Rendering Physician: ROHIT R. DHIR MD	Chart Number: AYAAN000	Place of Service: CLS HEALTH	Date of Birth: 10/13/1997
---------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By				Adjustments	Remainder	
			Modifier	Charge	Patient	Deductible			TRICARE
10/26/21	99204	OFFICE VIST NEW LEVEL 4		522.00	-36.00	-52.00	-87.27	-382.73	16.00

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16.00



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CONSUELO AYALA
618 EASTLAKE ST
HOUSTON, TX 77034-2010

(832)640-8638

Statement Date	Invoice Number	Page
02/10/2025	CLS AYACO001	1
Guarantor	Due Date	Payment Due
CONSUELO	Upon Receipt	26.51

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Date of Last Payment: 12/19/2024	Amount of Last Payment: -20.00			
Patient: CONSUELO AYALA	Rendering Physician: AHMED A. MORSY MD	Chart Number: AYACO001	Place of Service: CLS HEALTH	Date of Birth: 09/21/1958

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
01/15/24	J3301	Triamcinolone acet inj nos		24.00		-5.94	-16.55
03/19/24	99999	NO SHOW		25.00		0.00	25.00

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26.51



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DAVID J. AYALA
5353 SPACE CENTER BLVD APT 706
PASADENA, TX 77505-3998

(713)498-6328

Statement Date	Invoice Number	Page
02/10/2025	CLS AYADA000	1
Guarantor	Due Date	Payment Due
DAVID J. AYALA	Upon Receipt	606.00

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Webster, TX 77598

Date of Last Payment:	9/10/2021	Amount of Last Payment:	-108.67
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Patient: DAVID J. AYALA	Rendering Physician: ALI EZZO MD	Chart Number: AYADA000	Place of Service: CLEAR LAKE	Date of Birth: 12/18/1998
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	TMHP		
03/14/21	99253	HOSPITAL CONSULT, INITIAL LEVEL		273.00		0.00	-91.00	182.00
03/15/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/16/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/18/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00
03/19/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-212.00	106.00

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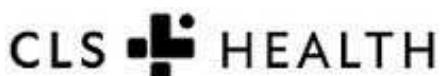
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Amount Due

606.00



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KEVIN AYALA
6114 SANFORD RD
HOUSTON, TX 77096-5728

(626)899-3291

Statement Date	Invoice Number	Page
02/10/2025	CLS AYAKE000	1
Guarantor	Due Date	Payment Due
KEVIN AYALA	Upon Receipt	145.35

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Date of Last Payment: 2/29/2024			Amount of Last Payment: -50.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
KEVIN AYALA		BASHAR ZLEIK MD	AYAKE000	CLS HEALTH	02/25/2002
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by AETNA
09/14/23	99204	OFFICE VIST NEW LEVEL 4	Q6 503.00	-35.00 -180.35	0.00 -322.65
					Adjustments Remainder 145.35

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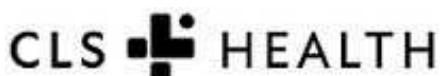
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Amount Due

145.35



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LUIS AYALA
11430 SAGEMIST LN
HOUSTON, TX 77089-2119

(281)788-5340

Statement Date	Invoice Number	Page
02/10/2025	CLS AYALU000	1
Guarantor	Due Date	Payment Due
LUIS AYALA	Upon Receipt	105.16

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Date of Last Payment:	8/29/2023	Amount of Last Payment:	0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LUIS AYALA	ZEID F. KARADSHEH MD	AYALU000	CLS HEALTH	03/20/1973

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
06/29/23	99203	OFFICE VIST NEW LEVEL 3		339.00	-55.00	-115.82	-223.18 -55.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LUIS AYALA	ZEID F. KARADSHEH MD	AYALU000	BAY AREA	03/20/1973

Dates	Procedure	Description	Paid By Applied to Paid by			Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
08/04/23	45385	Colonoscopy w/lesion removal		761.00	-100.00 -260.16	0.00	-500.84 160.16

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Amount Due

105.16



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281-694-5986

SELENA AYALA
7509 MOCKINGBIRD LN
TEXAS CITY, TX 77591-3524

(954)225-0792

Statement Date	Invoice Number	Page
02/10/2025	CLS AYASE000	1
Guarantor	Due Date	Payment Due
SELENA AYALA	Upon Receipt	202.61

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Date of Last Payment: 1/9/2023

Amount of Last Payment: 0.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SELENA AYALA	TAREK M. HUSSEIN DPT	AYASE000	CLS HEALTH	08/17/1995

Dates	Procedure	Description	Paid By			Paid by TRICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
09/23/22	97032	Electrical stimulation	GP	46.00	-15.29	0.00		-30.71	15.29
09/23/22	97110	Therapeutic exercises	GP	93.00	-30.94	0.00		-62.06	30.94
09/23/22	97530	Therapeutic activities	GP	117.00	-39.13	0.00		-77.87	39.13
09/23/22	97162	Pt eval mod complex 30 min	GP	316.00	-105.25	0.00		-210.75	105.25

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SELENA AYALA	ABDELNASER ELKHALILI MD	AYASE000	CLS HEALTH	08/17/1995

Dates	Procedure	Description	Paid By			Paid by TRICARE	Adjustments		Remainder
			Modifier	Charge	Patient Deductible				
12/15/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-38.00	-50.00	-56.56		-293.44 12.00

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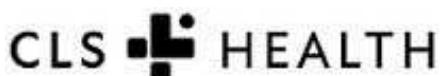
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Amount Due

202.61



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TOMAS AYALA
2145 TULUM CALLE
DICKINSON, TX 77539-3952

(832)226-3845

Statement Date	Invoice Number	Page
02/10/2025	CLS AYATO000	1
Guarantor	Due Date	Payment Due
TOMAS AYALA	Upon Receipt	50.00

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Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
TOMAS AYALA	ROHIT R. DHIR MD	AYATO000	CLS HEALTH	11/05/2001
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
02/02/21	99992	NO SHOW	50.00	Paid by CASH
				Adjustments Remainder
				50.00

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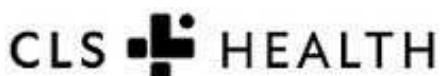
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Amount Due

50.00



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GLENN W. AYCOCK
1731 LES TALLEY DR
EL LAGO, TX 77586-5928

(832)524-2016

Statement Date	Invoice Number	Page
02/10/2025	CLS AYCGL000	1
Guarantor	Due Date	Payment Due
GLENN W.	Upon Receipt	22.91

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Date of Last Payment:	10/27/2021	Amount of Last Payment:	0.00
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Patient: GLENN W. AYCOCK	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: AYCGL000	Place of Service: CLS HEALTH	Date of Birth: 10/09/1973
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder	
				Modifier Charge	Patient Deductible	BLUE			
10/06/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-40.00	-40.34	-161.38	-295.28	0.34

Patient: GLENN W. AYCOCK	Rendering Physician: MAHMOOD DWEIK MD	Chart Number: AYCGL000	Place of Service: CLS HEALTH	Date of Birth: 10/09/1973
------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Modifier Charge	Patient Deductible	BLUE		
11/01/21	95811	Polysom 6>yrs cpap 4> parm	26	393.00	-22.57	-90.31	-280.12	22.57

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Amount Due

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Statement Date	Invoice Number	Page
02/10/2025	CLS AYEDA000	1
Guarantor	Due Date	Payment Due
DAVID AYERS	Upon Receipt	584.96

DAVID AYERS
4403 9TH ST TRLR 31
BACLIFF, TX 77518-2483

(832)340-3692

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Date of Last Payment:

Amount of Last Payment: 0.00

Patient: **DAVID AYERS** Rendering Physician: **LUIGI TERMINELLA MD** Chart Number: **AYEDA000** Place of Service: **UTMB** Date of Birth: **08/31/1962**

Dates	Procedure	Description	Paid By		Applied to TMHP	Paid by TMHP	Adjustments		Remainde
			Modifier	Charge			Patient Deductible		
06/27/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		0.00		-330.00	165.00
06/28/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00		-210.01	104.99
06/29/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00		-210.01	104.99
06/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00		-210.01	104.99
07/01/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		0.00		-210.01	104.99

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Amount Due

584.96



PO BOX 58538
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281-694-5986

JAMES L. AYERS
4818 OLEANDER ST
BACLIFF, TX 77518-1496

(832)340-3934

Statement Date	Invoice Number	Page
02/10/2025	CLS AYEJA000	1
Guarantor	Due Date	Payment Due
JAMES L. AYERS	Upon Receipt	457.94

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Date of Last Payment: 6/24/2022				Amount of Last Payment: -331.97		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
JAMES L. AYERS	MOHAMMAD J. BABA MD	AYEJA000	UTMB	09/20/1956		
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
				Modifier	Patient Deductible	SELPAY
10/09/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
						TMHP
10/08/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00
Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by
						WELL MED
05/09/22	31500	Insert emergency airway		439.00		-98.44
05/09/22	36556	Insert non-tunnel cv cath		261.00		-58.68
05/10/22	36620	Insertion catheter artery		137.00		-30.72
05/11/22	36556	Insert non-tunnel cv cath		261.00		-58.68

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457.94



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Webster, TX 77598
281-694-5986

GRACE O. AYODELE
1581 VAN VLECK AVE SE
ATLANTA, GA 30316-2149

(217)819-0873

Statement Date	Invoice Number	Page
02/10/2025	CLS AYOGRA000	1
Guarantor	Due Date	Payment Due
GRACE O.	Upon Receipt	50.00

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Date of Last Payment: 1/5/2023

Amount of Last Payment: -4.95

Patient: GRACE O. AYODELE	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: AYOGR000	Place of Service: CLS HEALTH	Date of Birth: 06/23/1994
-------------------------------------	---	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder	
			Modifier	Charge	Patient Deductible			UNITED
11/14/22	99213	OFFICE VISIT EST/LEVEL 3		283.00	-4.95		-228.05	50.00

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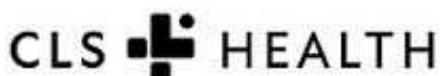
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50.00



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SERGIO AYON
8655 JONES RD APT 737
JERSEY VILLAGE, TX 77065-5109

(713)553-2973

Statement Date	Invoice Number	Page
02/10/2025	CLS AYOSE000	1
Guarantor	Due Date	Payment Due
SERGIO AYON	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00			
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SERGIO AYON	ZEID F. KARADSHEH MD	AYOSE000	CLS HEALTH	10/24/1994	
Paid By Applied to Paid by					
Dates	Procedure	Description	Modifier Charge	Patient Deductible Ambetter	Adjustments Remainder
09/25/23	99999	NO SHOW	25.00	0.00	25.00

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

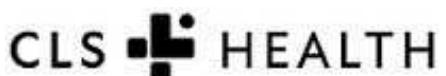
Call 281-694-5986

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Amount Due

25.00



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281-694-5986

CLEMENT A. AZANWI
18422 PELHAM HOLLOW TRL
RICHMOND, TX 77407-3021

(832)582-9786

Statement Date	Invoice Number	Page
02/10/2025	CLS AZACL000	1
Guarantor	Due Date	Payment Due
CLEMENT A.	Upon Receipt	22.18

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Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CLEMENT A. AZANWI		KHAN KHURRUM MD	AZACL000	MEMORIAL	08/15/1962
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
01/18/24	93272	Ecg/review interpret only	71.00	-22.18	0.00
					-48.82
					22.18

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

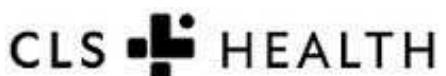
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Amount Due

22.18



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

JAMES A. AZBELL
14203 RIDGEWOOD LAKE CT
HOUSTON, TX 77062-2349

(281)286-3318

Statement Date	Invoice Number	Page
02/10/2025	CLS AZBJA000	1
Guarantor	Due Date	Payment Due
JAMES A.	Upon Receipt	40.00

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Date of Last Payment: 4/26/2022			Amount of Last Payment: -750.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
JAMES A. AZBELL		ROHIT R. DHIR MD	AZBJA000	CLS HEALTH	06/30/1962
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by BLUE
02/01/21	99214	OFFICE VISIT EST/LEVEL 4	95	404.00	-66.43
					-297.57
					40.00

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

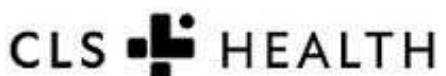
Call 281-694-5986

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

Amount Due

40.00



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

ASADULLAH AZIZ
13715 YARDMASTER TRL
HOUSTON, TX 77034-2297

(832)368-0794

Statement Date	Invoice Number	Page
02/10/2025	CLS AZIAS000	1
Guarantor	Due Date	Payment Due
ASADULLAH AZIZ	Upon Receipt	40.00

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PO BOX 58538
Webster, TX 77598

Date of Last Payment: 9/22/2023			Amount of Last Payment: -66.93		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ASADULLAH AZIZ		CHARLIE C. CHANG MD	AZIAS000	CLS HEALTH	04/05/1973
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Oscar
03/20/23	99204	OFFICE VIST NEW LEVEL 4	Q6	503.00	-121.64
					Adjustments Remainder
					-341.36 40.00

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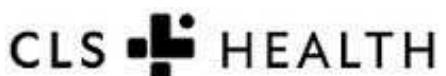
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Amount Due

40.00



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Webster, TX 77598
281-694-5986

RAZIA AZIM
14405 RIO BONITO RD
HOUSTON, TX 77083-1542

Statement Date	Invoice Number	Page
02/10/2025	CLS AZIRA000	1
Guarantor	Due Date	Payment Due
RAZIA AZIM	Upon Receipt	25.00

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
RAZIA AZIM	JACQUELINE M. WEGGE MD	AZIRA000	CLS HEALTH	03/02/1969			
<hr/>							
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by SELPAY	Adjustments	Remainder
01/17/22	99999	NO SHOW	25.00		0.00		25.00

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JUAN AZUA
310 JACKSON AVE
BACLIFF, TX 77518-1705

(832)870-2489

Statement Date	Invoice Number	Page
02/10/2025	CLS AZUJU000	1
Guarantor	Due Date	Payment Due
JUAN AZUA	Upon Receipt	216.00

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Date of Last Payment: 4/28/2023		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JUAN AZUA	EMRAN ABU ATHERAH MD	AZUJU000	UTMB	09/30/1964
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible
				Paid by TMHP
02/14/23	99292	CRITICAL CARE, 30 MIN	25	648.00
				0.00
				-432.00
				216.00

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Amount Due

216.00



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Statement Date	Invoice Number	Page
02/10/2025	CLS AZZIM000	1
Guarantor	Due Date	Payment Due
IMAD AZZOUKA	Upon Receipt	134.75

IMAD AZZOUKA
12613 SEATTLE SLEW DR
APT 3901
JERSEY VILLAGE, TX 77065-5542
(832)941-2213

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Date of Last Payment: 2/15/2024				Amount of Last Payment: -10.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
IMAD AZZOUKA	MAHMOOD DWEIK MD	AZZIM000	CLS HEALTH	05/04/1956		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments Remainder
05/18/23	99457	Rem physiol mntr 1st 20 min	150.00		-37.43	-100.09 12.48
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
IMAD AZZOUKA	MAHMOOD DWEIK MD	AZZIM000	CLS HEALTH	05/04/1956		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments Remainder
03/27/23	95810	Polysom 6> yrs 4> param	1,834.0		-469.96	-1,207.39 156.65
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
IMAD AZZOUKA	MOHAMED A. KHALIL MD	AZZIM000	CLS HEALTH	05/04/1956		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments Remainder
04/10/23	95819	Eeg awake and asleep	1,339.0	-274.88	-343.13	-881.49 -160.50
04/10/23	95913	Nrv cndj test 13> studies	862.00		-220.94	-567.41 73.65
04/10/23	95886	Musc test done w/n test comp	1,176.0		-301.74	-773.68 100.58
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
IMAD AZZOUKA	MOHAMED A. KHALIL MD	AZZIM000	CLS HEALTH	05/04/1956		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by Ambetter	Adjustments Remainder
04/10/23	70551	Mri brain stem w/o dye	618.00	-102.99	-134.62	-438.50 -58.11

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IMAD AZZOUKA
12613 SEATTLE SLEW DR
APT 3901
JERSEY VILLAGE, TX 77065-5542
(832)941-2213

Statement Date	Invoice Number	Page
02/10/2025	CLS AZZIM000	2
Guarantor	Due Date	Payment Due
IMAD AZZOUKA	Upon Receipt	134.75

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Patient: IMAD AZZOUKA	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: AZZIM000	Place of Service: CLS HEALTH	Date of Birth: 05/04/1956
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Dates	Procedure	Description	Paid By	Applied to	Paid by	Adjustments	Remainder
			Modifier	Charge	Patient Deductible		
03/28/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-216.76	-437.24	10.00

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Amount Due
134.75



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281-694-5986

ALI BABAR
11910 PAMELA HOLLY TRL
HOUSTON, TX 77089-2198

(832)235-3955

Statement Date	Invoice Number	Page
02/10/2025	CLS BABAL001	1
Guarantor	Due Date	Payment Due
ALI BABAR	Upon Receipt	10.00

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Date of Last Payment: 3/3/2023

Amount of Last Payment: -686.91

Patient: ALI BABAR	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: BABAL001	Place of Service: CLS HEALTH	Date of Birth: 01/15/1996
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Dates	Procedure	Description	Modifier	Paid By	Applied to	Paid by	Adjustments	Remainder
				Charge	Patient Deductible	Communi		
06/10/21	99205	OFFICE VIST NEW LEVEL 5	25	690.00	-10.00	-209.84	-460.16	10.00

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10.00



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AMMAR BABA
3815 HOUSTON LAKE DR
PEARLAND, TX 77581-4795

Statement Date	Invoice Number	Page
02/10/2025	CLS BABAM000	1
Guarantor	Due Date	Payment Due
AMMAR BABA	Upon Receipt	256.90

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Date of Last Payment: 12/10/2024					Amount of Last Payment: -101.90		
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
AMMAR BABA		ROHIT R. DHIR MD		BABAM000	CLS HEALTH		12/27/1977
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments Remainder
09/19/22	81003	Urinalysis auto w/o scope	QW	7.00		0.00	-4.41 2.59
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
AMMAR BABA		MAHMOOD DWEIK MD		BABAM000	CLS HEALTH		12/27/1977
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments Remainder
09/21/22	99245	OFFICE CONSULTATION/LEVEL 5		497.00		-110.13	-236.87 150.00
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
AMMAR BABA		MAHMOOD DWEIK MD		BABAM000	CLS HEALTH		12/27/1977
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by Friday	Adjustments Remainder
09/28/22	95800	Slp stdy unattended		506.00	-168.66	0.00	-312.04 25.30
Patient:		Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:
AMMAR BABA		MOHAMMAD J. BABA MD		BABAM000	CLS HEALTH		12/27/1977
Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by WACHTER	Adjustments Remainder
03/16/24	11111	NO CHARGE		0.01	-1.00	0.00	-0.99

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AMMAR BABA
3815 HOUSTON LAKE DR
PEARLAND, TX 77581-4795

Statement Date	Invoice Number	Page
02/10/2025	CLS BABAM000	2
Guarantor	Due Date	Payment Due
AMMAR BABA	Upon Receipt	256.90

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Patient: AMMAR BABA	Rendering Physician: YEVGENY SHUHATOVICH DO	Chart Number: BABAM000	Place of Service: CLS HEALTH	Date of Birth: 12/27/1977
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder
06/17/24	99203	OFFICE VIST NEW LEVEL 3		338.00		-84.00	-214.00	40.00

Patient: AMMAR BABA	Rendering Physician: SOUAD ENAKUAA MD	Chart Number: BABAM000	Place of Service: CLS HEALTH	Date of Birth: 12/27/1977
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder
10/17/24	99214	OFFICE VISIT EST/LEVEL 4		387.00		-101.90	-245.10	40.00

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CLIFFORD B. BABBITT
3815 THONIG RD
HOUSTON, TX 77092-6250

(713)882-4847

Statement Date	Invoice Number	Page
02/10/2025	CLS BABCL000	1
Guarantor	Due Date	Payment Due
CLIFFORD B.	Upon Receipt	510.59

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Webster, TX 77598

Date of Last Payment: 2/1/2023

Amount of Last Payment: -276.20

Patient: CLIFFORD B. BABBITT	Rendering Physician: NISARG PATEL MD	Chart Number: BABCL000	Place of Service: THE HEIGHTS	Date of Birth: 10/16/1966
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Communi	Adjustments	Reminder
11/11/22	99223	INITIAL HOSPITAL/HIGH		609.00	-203.15	0.00	-405.85	203.15
11/12/22	99239	HOSPITAL DISCHARGE, LONG		324.00	-107.92	0.00	-216.08	107.92

Patient: CLIFFORD B. BABBITT	Rendering Physician: NISARG PATEL MD	Chart Number: BABCL000	Place of Service: THE HEIGHTS	Date of Birth: 10/16/1966
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Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient	Paid by Communi	Adjustments	Reminder
01/01/23	99232	HOSPITAL , SUBSEQUENT, MOD		239.00		0.00	-157.50	81.50
01/02/23	99239	HOSPITAL DISCHARGE, LONG		345.00		0.00	-226.98	118.02

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Amount Due

510.59



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281-694-5986

MOHAMMAD BABA
1608 GARDEN GLEN LN
PEARLAND, TX 77581-6559

(832)439-3182

Statement Date	Invoice Number	Page
02/10/2025	CLS BABMO000	1
Guarantor	Due Date	Payment Due
MOHAMMAD	Upon Receipt	283.31

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Date of Last Payment: 6/30/2024				Amount of Last Payment: -1,069.58		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MOHAMMAD BABA	MAHMOOD DWEIK MD	BABMO000	CLS HEALTH	11/02/1964		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CORE	Adjustments Remainder
02/08/23	95800	Slp stdy unattended	450.00		-324.00	-90.00 36.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MOHAMMAD BABA	MAHMOOD DWEIK MD	BABMO000	CLS HEALTH	11/02/1964		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by CORE	Adjustments Remainder
02/08/23	99245	OFFICE CONSULTATION/LEVEL 5	497.00		-200.00	-272.00 25.00
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MOHAMMAD BABA	MAHMOOD DWEIK MD	BABMO000	CLS HEALTH	11/02/1964		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments Remainder
07/23/23	95811	Polysom 6/> yrs cpap 4/> parm	1,919.0		-694.06	-1,051.42 173.52
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:		
MOHAMMAD BABA	ZEID F. KARADSHEH MD	BABMO000	BAY AREA	11/02/1964		
Dates	Procedure	Description	Paid By Modifier Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments Remainder
05/14/24	43239	Egd biopsy single/multiple	419.00		-195.16	-175.05 48.79

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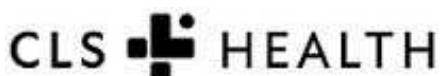
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Amount Due

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MOHAMAD Y. BABA
3815 HOUSTON LAKE DR
PEARLAND, TX 77581-4795

(832)310-5032

Statement Date	Invoice Number	Page
02/10/2025	CLS BABMO001	1
Guarantor	Due Date	Payment Due
MOHAMAD Y.	Upon Receipt	20.00

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Date of Last Payment: 10/17/2024

Amount of Last Payment: -141.90

Patient: MOHAMAD Y. BABA	Rendering Physician: MOHAMMAD J. BABA MD	Chart Number: BABMO001	Place of Service: CLS HEALTH	Date of Birth: 08/25/2010
------------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Paid By Charge	Applied to Patient Deductible	Paid by ENTRUST	Adjustments	Remainder	
10/03/23	73130	X-ray exam of hand		112.00		-29.86		-62.14	20.00

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281-694-5986

TIMOTHY M. BABB
13022 MAPLEWOOD LN
OLD RIVER WINFREE, TX 77535-1851

(713)851-7853

Statement Date	Invoice Number	Page
02/10/2025	CLS BABTI000	1
Guarantor	Due Date	Payment Due
TIMOTHY M.	Upon Receipt	102.68

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Date of Last Payment: 5/23/2024					Amount of Last Payment: 0.00				
Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
TIMOTHY M. BABB		REGINA PILLAI MD		BABTI000		CLS HEALTH		06/04/1974	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	
					AETNA			Remainder	
05/02/24	99205	OFFICE VIST NEW LEVEL 5	Q6	669.00	-220.00	-183.75	0.00	-485.25	-36.25
Patient:					Rendering Physician:		Chart Number:		Date of Birth:
TIMOTHY M. BABB		REGINA PILLAI MD		BABTI000		CLS HEALTH		06/04/1974	
Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	
					AETNA			Remainder	
05/02/24	94060	Evaluation of wheezing	Q6	116.00		-35.57	0.00	-80.43	35.57
05/02/24	94726	Pulm funct tst plethysmograp	Q6	167.00		-49.79	0.00	-117.21	49.79
05/02/24	94729	Co/membrane diffuse capacity	Q6	169.00		-53.54	0.00	-115.46	53.54
05/02/24	J7613	Albuterol non-comp unit	Q6	1.00		-0.03	0.00	-0.97	0.03

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Amount Due

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281-694-5986

ADAM BACOT
3002 DIMROD ST
BACLIFF, TX 77518-2039

(281)245-4094

Statement Date	Invoice Number	Page
02/10/2025	CLS BACAD000	1
Guarantor	Due Date	Payment Due
ADAM BACOT	Upon Receipt	216.98

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Date of Last Payment:		Amount of Last Payment: 0.00					
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:			
ADAM BACOT	REMY TEQWIMUAH MD	BACAD000	UTMB	12/24/1983			
Paid By Applied to Paid by							
Dates	Procedure	Description	Modifier Charge	Patient Deductible	SELPAY	Adjustments	Remainder
03/25/22	99236	Hosp/Obs - Admit/Disch Same Day Level	651.00		0.00	-434.02	216.98

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

BRADLEY B. BACOM
2523 COLONIAL RIDGE DR
FRIENDSWOOD, TX 77546-2609

(281)961-0206

Statement Date	Invoice Number	Page
02/10/2025	CLS BACBR000	1
Guarantor	Due Date	Payment Due
BRADLEY B.	Upon Receipt	181.88

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Webster, TX 77598

Date of Last Payment: 9/27/2024					Amount of Last Payment: -4.27					
Patient: BRADLEY B. BACOM		Rendering Physician: MOUSTAFA M. AHMED MD		Chart Number: BACBR000		Place of Service: CLS HEALTH		Date of Birth: 02/06/1949		
Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by HUMANA	Adjustments	Reminder	
01/14/21	99211	OFFICE VISIT - NEW PATIENT -	25	71.00	-10.00	-4.73	-18.97	-4.73	-47.30	-10.00
02/25/21	99999	NO SHOW		25.00			0.00	0.00		25.00
01/31/22	99999	NO SHOW		25.00			0.00	0.00		25.00
Patient: BRADLEY B. BACOM		Rendering Physician: ROHIT R. DHIR MD		Chart Number: BACBR000		Place of Service: CLS HEALTH		Date of Birth: 02/06/1949		
Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by HUMANA	Adjustments	Reminder	
05/02/22	99992	NO SHOW		50.00			0.00	0.00		50.00
Patient: BRADLEY B. BACOM		Rendering Physician: ROHIT R. DHIR MD		Chart Number: BACBR000		Place of Service: CLS HEALTH		Date of Birth: 02/06/1949		
Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by HUMANA	Adjustments	Reminder	
09/25/23	99214	OFFICE VISIT EST/LEVEL 4		385.00			-103.17		-255.51	26.32
Patient: BRADLEY B. BACOM		Rendering Physician: KAREEM GADELMOLA MD		Chart Number: BACBR000		Place of Service: CLS HEALTH		Date of Birth: 02/06/1949		
Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by HUMANA	Adjustments	Reminder	
09/19/23	95724	Eeg phyqhp>60<84 hr w/veeg		959.00			-257.00		-636.44	65.56

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