

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

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

(713)261-9664

Date of Last Payment: 10/1/2024

	Statement Date	Invoice Number	Page
	02/10/2025	CLS ABUAH000	1
	Guarantor	Due Date	Payment Due
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -10.00

Patient:			Rendering Ph	ysician:	Chart Number:	Place of Service:	Date of B	irth:
AHMAD I	M. ABUTAII	R	CHARLIE C.	CHANG MD	ABUAH000	CLS HEALTH	08/19/20	03
					Paid By Applied to	Paid by		
Dates	Procedure	Desciptio	n	Modifier Charge	Patient Deductible	COMMUNI	Adjustments R	emainder
03/02/21	03/02/21 99999 NO SHOW			25.00		0.00	25.00	
Patient:			Rendering Ph	ysician:	Chart Number:	Place of Service:	Date of B	irth:
AHMAD M. ABUTAIR			VICTORIA R. ANGELLE RD		ABUAH000	CLS HEALTH	08/19/2003	
					Paid By Applied to	Paid by		
Dates	Procedure	Desciptio	'n			Paid by COMMUNI	Adjustments R	em ainde r
<b>Dates</b> 01/04/23			RITION INDIV IN			•	Adjustments R	temainder 75.00
				Modifier Charge	Patient Deductible	COMMUNI		
				Modifier Charge 230.00	Patient Deductible	0.00		75.00
01/04/23 Patient:		MEDICAL NUTI	RITION INDIV IN	Modifier Charge 230.00	Patient Deductible -25.00  Chart Number:	0.00	-130.00	75.00 Pirth:
01/04/23 Patient:	97802	MEDICAL NUTI	RITION INDIV IN	230.00 ysician:	Patient Deductible -25.00  Chart Number:	0.00 Place of Service:	-130.00 Date of B	75.00 Pirth:
01/04/23 Patient:	97802	MEDICAL NUTI	RENDERING Ph	230.00 ysician:	-25.00  Chart Number: D ABUAH000	0.00  Place of Service: CLS HEALTH	-130.00 Date of B	75.00 Firth:

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

96.85