




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

ALAHA AL TAWEEL
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 |

| 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: 8/10/2023 | | | Amount of Last Payment: -146.63 | | |
|---------------------------------|----------------------|---------------|---------------------------------|----------------|--|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: | |
| ALAHA AL TAWEEL | MAAMOUN A. HARMOUCH | AL0AL000 | CLEAR LAKE | 09/23/1991 | |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|----------------------------|----------|--------|---------|--------------------|---------|-------------|-----------|
| 11/15/21 | 46080 | INCISION OF ANAL SPHINCTER | | 495.00 | | Patient Deductible | BLUE | -342.80 | 30.44 |
| | | | | | | | | -30.44 | -121.76 |

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 |
|--------------|
| 30.44 |