

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

NOURIA AMROUNI 2201 AMBER CREEK CT PEARLAND, TX 77584-4882

Rendering Physician:

**MAHESWARY** 

(832)512-9624

**Date of Last Payment:** 

**NOURIA AMROUNI** 

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS AMRNO000	1	
Guarantor	Due Date	Payment Due	

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

Make Checks Payable To:

Date of Birth:

06/04/1957

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

**CLEAR LAKE** 

Amount of Last Payment: 0.00

1				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments l	Remainder
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
<u> </u>							
Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of E	3irth:
4							
NOURIA	AMROUNI	MAAMOUN .	A. HARMOUCH	AMRNO000	CLEAR LAKE	06/04/19	57
NOURIA	AMROUNI	MAAMOUN		AMRNO000  Paid By Applied to	CLEAR LAKE Paid by	06/04/19	)57
NOURIA A	AMROUNI Procedure					06/04/19	
	Procedure		Modifier Charge	Paid By Applied to Patient Deductible	Paid by		
Dates	Procedure 99255	Desciption	Modifier Charge	Paid By Applied to Patient Deductible	Paid by	Adjustments I	Remainder

Chart Number:

AMRNO000

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

1,178.94