



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

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

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: 3/4/2024	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	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
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	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
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	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
12/18/23	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
40.40