



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

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 |

| 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: 12/30/2024 | Amount of Last Payment: -8.65 |
|----------------------------------|-------------------------------|

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

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to 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: SUSAN M. ABBAS | Rendering Physician: MOUSTAFA M. AHMED MD | Chart Number: ABBSU000 | Place of Service: CLS HEALTH | Date of Birth: 04/16/1954 |
|-----------------------------------|---|----------------------------------|--|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to 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 |

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 |
|------------------|
| Continued |