




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

SEHAM M. ABDALLA
3611 ACORN WOOD WAY
HOUSTON, TX 77059-3741

(832)877-3633

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDSE000	3
Guarantor	Due Date	Payment Due
SEHAM M.	Upon Receipt	542.86

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

12/18/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00	-0.06	0.94
12/29/23	64493	Inj paravert f jnt l/s 1 lev	RT	533.00	-55.40	-130.26	-370.18	-22.84
12/29/23	64494	Inj paravert f jnt l/s 2 lev	RT	274.00		-66.06	-191.43	16.51
12/29/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00	-0.06	0.94
01/18/24	64635	Destroy lumb/sac facet jnt	RT	1,323.0	-60.00	-389.96	-933.04	329.96
01/18/24	64636	Destroy l/s facet jnt addl	RT	1,430.0		-321.65	-1,108.35	321.65
01/18/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00	-0.06	0.94
12/28/23	99999	NO SHOW		25.00		0.00		25.00
02/09/24	62321	Njx interlaminar crv/thrc		787.00	-272.00	-251.44	-535.56	-20.56
02/09/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00		0.00	-0.65	0.35

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SEHAM M. ABDALLA	AHMED A. MORSY MD	ABDSE000	CLS HEALTH	02/04/1960

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
01/19/23	73030	X-ray exam of shoulder		105.00	-35.19	-24.66	0.00	-80.34	-10.53

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SEHAM M. ABDALLA	AHMED A. MORSY MD	ABDSE000	CLS HEALTH	02/04/1960

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
01/18/23	20610	Drain/inj joint/bursa w/o us	RT	197.00		-56.70	0.00	-140.30	56.70

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Amount Due
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