



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

CORISHINE AMEERULLAH
7319 AVALON CT
PASADENA, TX 77505-4178

(281)991-8313

Statement Date	Invoice Number	Page
02/10/2025	CLS AMECO000	2
Guarantor	Due Date	Payment Due
CORISHINE	Upon Receipt	1391.69

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CORISHINE AMEERULLAH	MAHMOOD DWEIK MD	AMECO000	CLS HEALTH	12/07/1942

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by United	Adjustments	Remainder
06/16/21	95810	Polysom 6/> yrs 4/> param		1,939.0	-45.00	-20.00	-529.34	-1,389.66	-25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CORISHINE AMEERULLAH	MOUSTAFA M. AHMED MD	AMECO000	CLS HEALTH	12/07/1942

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
01/10/22	77003	Fluoroguide for spine inject		337.00			0.00	-241.49	95.51
02/13/23	27096	Inject sacroiliac joint	50	494.00	-56.96		-197.80	-251.20	-11.96
02/13/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00			-0.40	-2.50	0.10

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CORISHINE AMEERULLAH	ABDELNASER ELKHALILI MD	AMECO000	CLS HEALTH	12/07/1942

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
01/09/24	J3301	Triamcinolone acet inj nos		24.00			-4.86	-17.92	1.22

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CORISHINE AMEERULLAH	MOUSTAFA M. AHMED MD	AMECO000	CLS HEALTH	12/07/1942

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
02/06/23	72192	Ct pelvis w/o dye		418.00	-150.00		0.00	-306.56	-38.56

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