



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

RASHEED ABOUALSAMH
4806 TERRY ST UNIT A
HOUSTON, TX 77009-2247

(281)827-4468

Statement Date	Invoice Number	Page
02/10/2025	CLS ABORA000	1
Guarantor	Due Date	Payment Due
RASHEED	Upon Receipt	220.00

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: 12/15/2021			Amount of Last Payment: -2.14		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
RASHEED ABOUALSAMH	ROHIT R. DHIR MD	ABORA000	CLS HEALTH	05/10/1964	

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by Oscar	Adjustments	Remainder
10/18/21	99204	OFFICE VIST NEW LEVEL 4		522.00	-80.00	-161.64	-360.36	-80.00
11/04/21	51728	Cystometrogram w/vp	52	1,178.0	-80.00	-67.83	-810.17	220.00
11/08/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00		0.00	-350.53	53.47
11/08/21	52000	Cystoscopy		743.00		-193.64	-522.83	26.53

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
220.00