

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

KHALIL Y. ABUSHEHADEH 12411 SERENE ELM ST HOUSTON, TX 77089-2841

(832)506-5735

Statement Date	Invoice Number	Page		
02/10/2025	CLS ABUKH000	1		
		Payment Due		
Guarantor	Due Date	Payment Due		

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: 6/24/2024					Amount of Last Payment: 0.00				
Patient:			Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of	Birth:
KHALIL	Y. ABUSHE	HADEH	ZULFIQAR C	•		ABUKH000	CLS HEALTH	01/28/1	959
i						Paid By Applied to	Daid by		
Dates	Procedure	Desciption	on	Modifier		Paid By Applied to Patient Deductible	Paid by Ambetter	Adjustments	Remainder
04/30/21			SULTATION/LEVEL 5		497.00		-227.76	-269.24	-55.58
0 1/00/2 :	33273	0. <u>-</u>			-107.00	00.00	221.10	200.2 :	-00.00
Patient:			Rendering Ph	oveician:		Chart Number:	Place of Service:	Date of	Rirth [.]
	Trondoming 1		ZULFIQAR C	,		ABUKH000	CLS HEALTH	01/28/1959	
						ADOMIOUS	OLO IILALIII	01/20/1	309
İ						Paid By Applied to	Paid by		
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	Ambetter	Adjustments	Remainder
04/30/21	93925	Lower extremity	study		802.00	-55.58	-267.17	-534.83	-55.58
1									
Patient:	Patient: Rendering Physician:			Chart Number:	Place of Service:	Date of Birth:			
KHALIL	KHALIL Y. ABUSHEHADEH ZULFIQAR		•			CLEAR LAKE	01/28/1959		
						Paid By Applied to	Paid by		
Dates	Procedure	re Desciption		Modifier Charge Patient Deductible				Adjustments Remainder	
05/11/21	75710	Artery x-rays arr	:m/leg	26	269.00	-45.58	-73.78	-195.22	-45.58
İ									
Patient:		Rendering Ph		ysician: Chart Number:		Chart Number:	Place of Service:	Date of Birth:	
KHALIL	•		ZULFIQAR C	HEEMA			CLS HEALTH	01/28/1959	
			,			Paid By Applied to	Paid by		
Dates	Procedure	e Desciption		Modifier	Charge	Patient Deductible	Friday	Adjustments	Remainder
02/04/22	99245	OFFICE CONS	SULTATION/LEVEL 5		497.00	-15.00	-221.11	-236.87	24.02
02/22/22	99215	OFFICE VISIT EST/LEVEL 5			563.00	-15.00	-215.89	-347.11	-15.00

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

563.00

25.00

-15.00

-215.89

0.00

-347.11

-15.00

25.00

Continued

Amount Due

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

NO SHOW

OFFICE VISIT EST/LEVEL 5

04/12/22 99215

09/28/22 99999