




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

DIANNE C. ABRAHAM  
1501 GOLIAD AVE  
LA MARQUE, TX 77568-5234

(409)599-5920

Statement Date	Invoice Number	Page
02/10/2025	CLS ABRDI000	1
Guarantor	Due Date	Payment Due
DIANNE C.	Upon Receipt	284.07

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 4/19/2024			Amount of Last Payment: -49.48		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DIANNE C. ABRAHAM	SHAFRAZ MOHAMMED MD	ABRDI000	HOUSTON	02/16/1958	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	BLUE		
02/22/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-182.16	0.00	-312.84	182.16
02/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-101.91	0.00	-216.09	101.91

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](https://cls.health/payment)

If remitting payment via mail in check, Please include statement.

Amount Due
<b>284.07</b>