



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

SULEIMAN A. ARABIE
4522 CANYON CREST DR
LEAGUE CITY, TX 77573-3592

(281)770-1104

Statement Date	Invoice Number	Page
02/10/2025	CLS ARASU000	1
Guarantor	Due Date	Payment Due
SULEIMAN A.	Upon Receipt	364.94

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Date of Last Payment: 11/13/2024	Amount of Last Payment: -104.02
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Patient: SULEIMAN A. ARABIE	Rendering Physician: BAHAEDDIN SHABANEH MD	Chart Number: ARASU000	Place of Service: CLS HEALTH	Date of Birth: 11/01/1949
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Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WELLMED	Adjustments	Remainder
11/09/23	93000	Electrocardiogram complete		44.00		0.00	-29.06	14.94
11/16/23	99214	OFFICE VISIT EST/LEVEL 4		385.00		-104.47	-255.53	25.00
11/20/23	93880	Extracranial bilat study		579.00		-47.02	-381.98	150.00
12/18/23	93248	Ext ecg>7d<15d rev&interpj		79.00		-6.26	-52.74	20.00
07/03/24	93970	Extremity study		557.00	-20.00	-38.00	-369.00	130.00

Patient: SULEIMAN A. ARABIE	Rendering Physician: ABDELNASER ELKHALILI MD	Chart Number: ARASU000	Place of Service: CLS HEALTH	Date of Birth: 11/01/1949
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Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WellMed	Adjustments	Remainder
11/20/23	99999	NO SHOW		25.00		0.00		25.00

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Amount Due
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