

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

RENE D. AMARO 707 BONANZA RD HOUSTON, TX 77062-5601

Rendering Physician:

MAHMOOD DWEIK MD

(708)400-6304

Date of Last Payment: 7/17/2024

Procedure Desciption

Procedure Desciption

NO SHOW

NO SHOW

NO SHOW

Nix interlaminar crv/thrc

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

Patient:

Dates

RENE D. AMARO

RENE D. AMARO

99999

62321

99999

99999

Dates

07/12/21

10/07/21

11/08/21

12/06/21

	Statement Date	Invoice Number	Page
	02/10/2025	CLS AMARE000	1
_			
Ī	Guarantor	Due Date	Payment Due

Pay Online	
Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

-112.01

Date of Birth:

Adjustments Remainder

07/13/1961

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

CLEAR LAKE

CLS HEALTH

Paid by

0.00

0.00

0.00

-285.15

MOLINA

Paid by

MOLINA

Amount of Last Payment:

							
01/14/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00	·	-95.86	-212.14	10.00
01/15/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-95.86	-212.14	10.00
01/18/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-95.86	-212.14	10.00
01/19/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-95.86	-212.14	10.00
01/20/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-95.86	-212.14	10.00
01/21/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-95.86	-212.14	10.00
Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of B	irth:
Patient: RENE D.	AMARO	Rendering Ph MAHESWAR	•	Chart Number: AMARE000	Place of Service: CLEAR LAKE	Date of B 07/13/196	
	AMARO	_	RÝ				
	AMARO Procedure	MAHESWAR	RÝ	AMARE000	CLEAR LAKE		61
RENE D.		MAHESWAR	RÝ	AMARE000 Paid By Applied to Patient Deductible	CLEAR LAKE Paid by	07/13/196	61
RENE D. Dates	Procedure	MAHESWAR Desciption	RY Modifier Charge	AMARE000 Paid By Applied to Patient Deductible	CLEAR LAKE Paid by MOLINA	07/13/196	61 emainder
Dates 01/02/21	Procedure 99233	MAHESWAR Desciption HOSPITAL, SUBSEQUENT, HIGH	Modifier Charge	AMARE000 Paid By Applied to Patient Deductible	CLEAR LAKE Paid by MOLINA -95.86	07/13/196 Adjustments Re -212.14	emainder

AMARE000

Paid By Applied to

-10.00

Modifier Charge Patient Deductible

25.00

855.00

25.00

25.00

Chart Number:

AMARE000

Paid By Applied to

Modifier Charge Patient Deductible

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

MOUSTAFA M. AHMED MD

Continued

Amount Due

07/13/1961

Adjustments Remainder

-569.85

25.00

-10.00

25.00

25.00