




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

KLAIR ATALLA
10600 SOUTHDOWN TRACE TRL
APT 210
HOUSTON, TX 77034-4675
(832)618-2109

Statement Date	Invoice Number	Page
02/10/2025	CLS ATAKL000	2
Guarantor	Due Date	Payment Due
KLAIR ATALLA	Upon Receipt	120.27

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

05/13/24	87529	HSV, DNA, AMP Probe	59	210.00	-28.95	-171.40	9.65
05/13/24	87563	M. genitalium amp probe		105.00	-14.48	-85.70	4.82
05/13/24	87591	N. gonorrhea dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87640	Staph a dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87651	Strep a dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87653	Strep b dna amp probe	59	105.00	-14.48	-85.70	4.82
05/13/24	87801	Detect agnt mult dna ampli		422.00	-57.92	-344.78	19.30
05/13/24	87661	Trichomonas vaginalis amplification	59	105.00	-14.48	-85.70	4.82
05/13/24	87798	Detect agent nos dna amp	59	1,365.0	-188.17	-1,114.11	62.72

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KLAIR ATALLA	JIHAD M. HARMOUCHE MD	ATAKL000	CLS HEALTH	01/11/1996

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
05/13/24	99204	OFFICE VIST NEW LEVEL 4	25	507.00	-10.00	-122.91	-384.09	-10.00
05/20/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-68.64	-83.54	-303.46	-68.64
05/20/24	76856	Us exam pelvic complete		314.00		-64.68	-227.76	21.56
05/20/24	76830	Transvaginal us non-ob	59	355.00		-73.43	-257.10	24.47

Have a question about your balance, or need to update your insurance information with us?

Call 281-694-5986

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Amount Due
120.27