



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

AYAT ABURYAN
108 ROYAL CT
FRIENDSWOOD, TX 77546-3829

(832)607-8495

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ABUAY000 | 1 |
| Guarantor | Due Date | Payment Due |
| AYAT ABURYAN | Upon Receipt | 984.61 |

Pay Online

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or scan the QR Code



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CLS HEALTH PLLC
PO BOX 58538
Webster, TX 77598

| | | | |
|-----------------------|-----------|-------------------------|---------|
| Date of Last Payment: | 2/28/2023 | Amount of Last Payment: | -112.00 |
|-----------------------|-----------|-------------------------|---------|

| | | | | |
|--------------|-----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| AYAT ABURYAN | JIHAD M. HARMOUCHE MD | ABUAY000 | CLS HEALTH | 11/07/1987 |

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by CASH | Adjustments | Remainder |
|----------|-----------|------------------------------|----------|--------|-----------------|-----------------------|--------------|-------------|-----------|
| 02/08/23 | 99211 | OFFICE VISIT - NEW PATIENT - | 25 | 110.00 | | | 0.00 | -10.00 | 100.00 |
| 02/08/23 | 96365 | Ther/proph/diag iv inf init | | 193.00 | -54.62 | | 0.00 | -127.00 | 11.38 |
| 02/28/23 | 99214 | OFFICE VISIT EST/LEVEL 4 | | 385.00 | | | 0.00 | -285.00 | 100.00 |
| 02/28/23 | 96365 | Ther/proph/diag iv inf init | | 193.00 | | | 0.00 | -127.00 | 66.00 |
| 02/28/23 | 96366 | THER/PROPH/DIAG IV INF ADDON | | 124.00 | | | 0.00 | -81.82 | 42.18 |
| 02/28/23 | 96367 | Tx/proph/dg addl seq iv inf | | 261.00 | | | 0.00 | -171.90 | 89.10 |
| 02/28/23 | J2405 | Ondansetron hcl injection | | 4.00 | | | 0.00 | -3.62 | 0.38 |
| 02/28/23 | J2250 | Inj midazolam hydrochloride | | 2.00 | | | 0.00 | -1.68 | 0.32 |
| 02/28/23 | S0028 | Inj Famotidine 20mg | | 3.00 | | | 0.00 | -2.00 | 1.00 |
| 02/28/23 | J7030 | Normal saline solution infus | | 16.00 | | | 0.00 | -10.72 | 5.28 |
| 02/28/23 | 81003 | Urinalysis auto w/o scope | QW | 7.00 | | | 0.00 | -4.67 | 2.33 |
| 02/28/23 | 76801 | OB US < 14 WKS SINGLE FETUS | | 358.00 | | | 0.00 | -235.65 | 122.35 |

| | | | | |
|--------------|-----------------------|---------------|-------------------|----------------|
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| AYAT ABURYAN | JIHAD M. HARMOUCHE MD | ABUAY000 | CLS HEALTH | 11/07/1987 |

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by CASH | Adjustments | Remainder |
|----------|-----------|------------------------------|----------|--------|-----------------|-----------------------|--------------|-------------|-----------|
| 02/07/23 | 99204 | OFFICE VIST NEW LEVEL 4 | | 503.00 | -125.00 | | 0.00 | -253.00 | 125.00 |
| 02/28/23 | 99214 | OFFICE VISIT EST/LEVEL 4 | | 385.00 | | | 0.00 | -285.00 | 100.00 |
| 02/28/23 | 96365 | Ther/proph/diag iv inf init | | 193.00 | | | 0.00 | -127.00 | 66.00 |
| 02/28/23 | 96366 | THER/PROPH/DIAG IV INF ADDON | | 124.00 | -11.24 | | 0.00 | -81.82 | 30.94 |
| 02/28/23 | 76801 | OB US < 14 WKS SINGLE FETUS | | 358.00 | | | 0.00 | -235.65 | 122.35 |

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

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

Amount Due

984.61