

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

SHIANNE ARCHER 12110 PENDER LN MEADOWS PLACE, TX 77477-1645

(718)974-8411

Date of Last Payment:

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| 02/10/2025 | CLS ARCSH000 | 1 | |
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|-----------|---|--|---|---|--|-----------------------|
| | Rendering P | hysician: | | Chart Number: | Place of Service: | Date of Birth: |
| ARCHER | MOUSTAFA | M. AHM | ED MD | ARCSH000 | CLS HEALTH | 06/07/1994 |
| Procedure | Desciption | Modifier | Charge | Paid By Applied to Patient Deductible | Paid by CASH | Adjustments Remainder |
| 99211 | OFFICE VISIT - NEW PATIENT - | 25 | 110.00 | | 0.00 | 110.00 |
| 64490 | Inj paravert f jnt c/t 1 lev | LT | 614.00 | | 0.00 | 614.00 |
| 64491 | Inj paravert f jnt c/t 2 lev | LT | 310.00 | | 0.00 | 310.00 |
| 64492 | Inj paravert f jnt c/t 3 lev | LT | 311.00 | | 0.00 | 311.00 |
| 77003 | Fluoroguide for spine inject | 59 | 330.00 | | 0.00 | 330.00 |
| 93041 | Rhythm ecg tracing | 59 | 18.00 | | 0.00 | 18.00 |
| G8427 | Docrev cur meds by elig clin | | 0.01 | | 0.00 | 0.01 |
| J2001 | Lidocaine injection | 59 | 5.00 | | 0.00 | 5.00 |
| J3490 | UNCLASSIFIED DRUGS | 59 | 772.00 | | 0.00 | 772.00 |
| Q9967 | Locm 300-399mg/ml iodine,1ml | 59 | 3.00 | | 0.00 | 3.00 |
| A4248 | CHLORHEXIDINE ANTISEPT | 59 | 3.00 | | 0.00 | 3.00 |
| 99211 | OFFICE VISIT - NEW PATIENT - | 25 | 110.00 | | 0.00 | 110.00 |
| 27096 | Inject sacroiliac joint | RT | 524.00 | | 0.00 | 524.00 |
| 77003 | Fluoroguide for spine inject | 59 | 330.00 | | 0.00 | 330.00 |
| 93041 | Rhythm ecg tracing | 59 | 18.00 | | 0.00 | 18.00 |
| J3490 | UNCLASSIFIED DRUGS | | 772.00 | | 0.00 | 772.00 |
| J3301 | Triamcinolone acet inj nos | | 16.00 | | 0.00 | 16.00 |
| J2001 | Lidocaine injection | 59 | 3.00 | | 0.00 | 3.00 |
| A4248 | CHLORHEXIDINE ANTISEPT | 59 | 3.00 | | 0.00 | 3.00 |
| Q9967 | Locm 300-399mg/ml iodine,1ml | 59 | 3.00 | | 0.00 | 3.00 |
| G8427 | Docrev cur meds by elig clin | | 0.01 | | 0.00 | 0.01 |
| | 99211 64490 64491 64492 77003 93041 G8427 J2001 J3490 Q9967 A4248 99211 27096 77003 93041 J3490 J3301 J2001 A4248 Q9967 | Procedure Desciption 99211 OFFICE VISIT - NEW PATIENT - 64490 Inj paravert f jnt c/t 1 lev 64491 Inj paravert f jnt c/t 2 lev 64492 Inj paravert f jnt c/t 3 lev 77003 Fluoroguide for spine inject 93041 Rhythm ecg tracing G8427 Docrev cur meds by elig clin J2001 Lidocaine injection J3490 UNCLASSIFIED DRUGS Q9967 Locm 300-399mg/ml iodine,1ml A4248 CHLORHEXIDINE ANTISEPT 99211 OFFICE VISIT - NEW PATIENT - 27096 Inject sacroiliac joint 77003 Fluoroguide for spine inject 93041 Rhythm ecg tracing J3490 UNCLASSIFIED DRUGS J3301 Triamcinolone acet inj nos J2001 Lidocaine injection A4248 CHLORHEXIDINE ANTISEPT Q9967 Locm 300-399mg/ml iodine,1ml | Procedure Desciption Modifier 99211 OFFICE VISIT - NEW PATIENT - 25 64490 Inj paravert f jnt c/t 1 lev LT 64491 Inj paravert f jnt c/t 2 lev LT 64492 Inj paravert f jnt c/t 3 lev LT 77003 Fluoroguide for spine inject 59 93041 Rhythm ecg tracing 59 G8427 Docrev cur meds by elig clin J2001 Lidocaine injection 59 J3490 UNCLASSIFIED DRUGS 59 Q9967 Locm 300-399mg/ml iodine,1ml 59 A4248 CHLORHEXIDINE ANTISEPT 59 93041 Rhythm ecg tracing 59 J3490 UNCLASSIFIED DRUGS 59 J3490 UNCLASSIFIED DRUGS 59 J3301 Triamcinolone acet inj nos J2001 Lidocaine injection 59 A4248 CHLORHEXIDINE ANTISEPT 59 Q9967 Locm 300-399mg/ml iodine,1ml 59 | Procedure Desciption Modifier Charge 99211 OFFICE VISIT - NEW PATIENT - 25 110.00 64490 Inj paravert f jnt c/t 1 lev LT 614.00 64491 Inj paravert f jnt c/t 2 lev LT 310.00 64492 Inj paravert f jnt c/t 3 lev LT 311.00 77003 Fluoroguide for spine inject 59 330.00 93041 Rhythm ecg tracing 59 18.00 G8427 Docrev cur meds by elig clin 0.01 J2001 Lidocaine injection 59 5.00 J3490 UNCLASSIFIED DRUGS 59 772.00 Q9967 Locm 300-399mg/ml iodine,1ml 59 3.00 A4248 CHLORHEXIDINE ANTISEPT 59 330.00 93041 Rhythm ecg tracing 59 18.00 77003 Fluoroguide for spine inject 59 330.00 93041 Rhythm ecg tracing 59 18.00 J3390 UNCLASSIFIED DRUGS 772.00 J3301 Triamcinolone acet inj nos< | Paid By Applied to Procedure Desciption Modifier Charge Patient Deductible | Rendering Physician: |

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

4,255.02