



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

MAY S. ALQTAIFANI
16114 WINDOM DR
WEBSTER, TX 77598-2610

(281)702-9911

Statement Date	Invoice Number	Page
02/10/2025	CLS ALQMA000	1
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MAY S.	Upon Receipt	161.60

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MAY S. ALQTAIFANI	MOUSTAFA M. AHMED MD	ALQMA000	CLS HEALTH	09/15/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
04/24/23	99999	NO SHOW		25.00			0.00		25.00
08/14/23	27096	Inject sacroiliac joint	50	494.00	-50.00		-177.11	-240.98	25.91
08/14/23	J2001	Lidocaine injection	59	2.00			-0.03	-1.94	0.03

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MAY S. ALQTAIFANI	ZEID F. KARADSHEH MD	ALQMA000	CLS HEALTH	09/15/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
05/03/23	99999	NO SHOW		25.00			0.00		25.00
05/08/23	99999	NO SHOW		25.00			0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MAY S. ALQTAIFANI	MAAMOUN HARMOUCH MD	ALQMA000	CLS HEALTH	09/15/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
10/02/23	74176	Ct abd & pelvis w/o contrast		575.00	-58.95		-110.06	-417.77	-11.78

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MAY S. ALQTAIFANI	MOUSTAFA M. AHMED MD	ALQMA000	CLS HEALTH	09/15/1969

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
10/05/23	72100	X-ray exam l-s spine 2/3 wvs		121.00	-12.43		-23.22	-87.83	-2.48

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