



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	1
Guarantor	Due Date	Payment Due
KLAIR ATALLA	Upon Receipt	120.27

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KLAIR ATALLA	AHMED A. MORSY MD	ATAKL000	CLS HEALTH	01/11/1996

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
07/28/23	99999	NO SHOW		25.00			0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KLAIR ATALLA	AHMED A. MORSY MD	ATAKL000	CLS HEALTH	01/11/1996

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
09/22/23	72100	X-rayexam l-s spine 2/3 wvs		121.00	-89.37		-24.67	-85.76	-78.80
09/22/23	73630	X-rayexam of foot	LT	104.00			-21.18	-73.74	9.08
09/22/23	73630	X-rayexam of foot	RT	104.00			-21.18	-73.74	9.08
09/22/23	73610	X-rayexam of ankle	LT	112.00			-22.82	-79.40	9.78
09/22/23	73610	X-rayexam of ankle	RT	112.00			-22.82	-79.40	9.78
09/22/23	72202	X-rayexam si joints 3/> wvs		119.00			-24.26	-84.34	10.40
09/22/23	73080	X-rayexam of elbow	LT	99.00			-20.15	-70.21	8.64
09/22/23	73080	X-rayexam of elbow	RT	99.00			-20.15	-70.21	8.64
10/27/23	73721	Mri jnt of lwr extre w/o dye		638.00	-65.39		-122.07	-463.61	-13.07

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 Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
05/13/24	87481	Candida dna amp probe	59	525.00			-72.38	-428.50	24.12
05/13/24	87491	Chylmd trach dna amp probe	59	105.00			-14.48	-85.70	4.82
05/13/24	87511	Gardner vag dna amp probe	59	105.00			-14.48	-85.70	4.82

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Amount Due

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