

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

SAMIH Y. AL SHAWWA 15571 PENSGATE ST HOUSTON, TX 77062-4024

(281)854-4232

Patient:

SAMIH Y. AL SHAWWA

SAMIH Y. AL SHAWWA

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALSSA001	2	

Guarantor	Due Date	Payment Due	
SAMIH Y. AL	Upon Receipt	235.71	

Pay	Online
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Date of Birth:

07/20/1945

07/20/1945

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

CLS HEALTH

CLS HEALTH

12/22/23	99214	OFFICE VISIT EST/LEVEL 4	385.00	-20.00	-128.97	-256.03	-20.00
02/06/24	99213	OFFICE VISIT EST/LEVEL 3	274.00	-20.00	-89.63	-184.37	-20.00

Dates	Procedure	Desciption		Paid By Applied to Paid by Patient Deductible WellMed	Adjustments Remainder
08/25/23	94729	Co/membane diffuse capacity	171.00	-37.11	-113.89 20.00

Chart Number:

ALSSA001

ALSSA001

Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Bi	rth:
00/23/23	37013	Trade of Fort Comp diffe	2.00		-0.00	-1.54	0.01
08/25/23	J7613	Albuterol non-comp unit	2.00		-0.05	-1.94	0.01
00/23/23	94129	o o monibalio amaco capacity	17 1.00	-57.11		-110.00	20.00

Dates	Procedure	Desciption		Paid By Applied to Patient Deductible		Adjustments Remainder
10/05/23	99992	NO SHOW	50.00		0.00	50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SAMIH Y. AL SHAWWA	BAHAEDDIN SHABANEH MD	ALSSA001	CLS HEALTH	07/20/1945

				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	WELLMED	Adjustments	Remainder
11/08/23	93248	Ext ecg>7d<15d rev&interpj	75.00		-6.26	-48.74	20.00
01/15/24	93294	Rem interrog evl pm/ldls pm	88.00		-14.03	-58.97	15.00
04/15/24	93294	Rem interrog evl pm/ldls pm	88.00		-14.51	-58.49	15.00
04/24/24	93306	Tte w/doppler complete	585.00	-20.00	-81.60	-388.40	95.00
07/16/24	93294	Rem interrog evl pm/ldls pm	88.00		-14.51	-58.49	15.00
4							

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

ROHIT R. DHIR MD

OMAR ALBUSTAMI MD

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

Amount Due

235.71