



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

SHARIFEH ANSARI
15486 PEERMONT ST
HOUSTON, TX 77062-3309

(713)818-2827

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ANSSH000 | 1 |
| Guarantor | Due Date | Payment Due |
| SHARIFEH | Upon Receipt | 44.60 |

| Pay Online | |
|---|---|
| Go to: cls.health/payment or scan the QR Code |  |
| Make Checks Payable To: | |
| CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598 | |

| | |
|---------------------------------|--------------------------------|
| Date of Last Payment: 8/23/2021 | Amount of Last Payment: -37.27 |
|---------------------------------|--------------------------------|

| | | | | |
|------------------------------------|---|----------------------------------|-------------------|-------------------------------------|
| Patient: SHARIFEH ANSARI | Rendering Physician: MAHMOOD DWEIK MD | Chart Number: ANSSH000 | Place of Service: | Date of Birth: 05/10/1934 |
|------------------------------------|---|----------------------------------|-------------------|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by MEDICARE | Adjustments | Remainder |
|----------|-----------|-----------------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 07/15/21 | 95806 | Sleep study unatt&resp efft | 26 | 142.00 | | -9.32 | -37.27 | -95.41 | 9.32 |

| | | | | |
|------------------------------------|--|----------------------------------|----------------------------------|-------------------------------------|
| Patient: SHARIFEH ANSARI | Rendering Physician: KAREEM GADELMOLA MD | Chart Number: ANSSH000 | Place of Service: UTMB | Date of Birth: 05/10/1934 |
|------------------------------------|--|----------------------------------|----------------------------------|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by MEDICARE | Adjustments | Remainder |
|----------|-----------|-------------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 05/29/24 | 99223 | 1ST HOSP IP/OBS HIGH 75 | | 521.00 | | | -138.31 | -347.41 | 35.28 |

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 |
|--------------|
| 44.60 |