

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

ADNAN A. AHMED 1610 MABRY MILL RD HOUSTON, TX 77062-2084

(202)340-5822

Date of Last Payment: 10/17/2022

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMAD000	1
Guarantor	Due Date	Payment Due
Δ ΓΝΑΝΙ Δ	Upon Receipt	60.70

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

Amount of Last Payment: -96.39

Patient: Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
ADNAN A. AHMED MOUSTAFA N		M. AHMED MD AHMAD000 Pain		Pain	09/10/1939		
Dates	Procedure	Desciption	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BLUE	A diversion on to D	om sindor
		· · · · · · · · · · · · · · · · · · ·		ratie iit Deductible		Adjustments R	
06/27/22	80307	Drug test prsmv chem anlyzr	186.00		-30.23	-150.44	5.33
06/27/22	G0483	Drug test def 22+ classes	741.00		-115.44	-605.19	20.37
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
ADNAN A. AHMED MAAMOUN A. HARMOUCH		AHMAD000	CLS HEALTH	09/10/1939			
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments R	emainder
09/01/22	99245	OFFICE CONCLUTATIONAL FACE	497.00	05.00			40.00
	00210	OFFICE CONSULTATION/LEVEL 5	431.00	-25.00	-166.72	-295.28	10.00
	00210	OFFICE CONSULTATION/LEVEL 5	497.00	-25.00	-166.72	-295.28	10.00
Patient:	00210	Rendering PI		Chart Number:	-166.72 Place of Service:	-295.28 Date of B	
	A. AHMED	Rendering PI		Chart Number:			irth:
		Rendering PI	hysician: I. AGALA FNP-	Chart Number:	Place of Service:	Date of B	irth:
		Rendering PI	hysician: I. AGALA FNP-	Chart Number:	Place of Service: CLS HEALTH	Date of B	irth:
ADNAN A	A. AHMED	Rendering PI CATHERINE	hysician: I. AGALA FNP-	Chart Number: C AHMAD000 Paid By Applied to	Place of Service: CLS HEALTH Paid by	Date of B 09/10/19 3	irth:

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

Amount Due

60.70