

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

SEHAM M. ABDALLA 3611 ACORN WOOD WAY HOUSTON, TX 77059-3741

Locm 300-399mg/ml iodine,1ml

Inj paravert f jnt I/s 1 lev

(832)877-3633

12/18/23

12/29/23 64493

SEHAM M. ABDALLA

20610

Procedure Desciption

Drain/inj joint/bursa w/o us

Dates

01/18/23

Q9967

Statement Date	Invoice Number	Page
02/10/2025	CLS ABDSE000	3
Guarantor	Due Date	Payment Due

Pay Online	
Go to: cls.health/payment or scan the QR Code	

## Make Checks Payable To:

-0.06

-370.18

0.94

-22.84

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

**CLS HEALTH** 

Paid by

**BLUE** 

-56.70

0.00

0.00

-130.26

12/29/23	64494	Inj paravert f jnt I/s 2 lev	RT	274.00			-66.06	-191.43	16.51
12/29/23	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			0.00	-0.06	0.94
01/18/24	64635	Destroy lumb/sac facet jnt	RT	1,323.0	-60.00	-389.96	0.00	-933.04	329.96
01/18/24	64636	Destroy I/s facet jnt addl	RT	1,430.0		-321.65	0.00	-1,108.35	321.65
01/18/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			0.00	-0.06	0.94
12/28/23	99999	NO SHOW		25.00			0.00		25.00
02/09/24	62321	Njx interlaminar crv/thrc		787.00	-272.00	-251.44	0.00	-535.56	-20.56
02/09/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			0.00	-0.65	0.35
i									
1									
Patient:		Rendering F	hysicia <sup>2</sup>	 n:	Chart N	lumber:	Place of Service:	Date of E	3irth:
	M. ABDALL	•	•		Chart N		Place of Service: CLS HEALTH	Date of E	-
	/I. ABDALL	•	•	MD		E000			-
	M. ABDALL Procedure	A AHMED A.	MORSY	MD	ABDSE	iled to	CLS HEALTH		960
SEHAM N		A AHMED A.	MORSY	MD	ABDSE	iled to	CLS HEALTH Paid by	02/04/19	960
SEHAM N	Procedure	A AHMED A.  Desciption	MORSY	MD er Charge	ABDSE Paid By App Patient Ded	olied to	CLS HEALTH Paid by BLUE	02/04/19 Adjustments F	060 Remainder

ABDSE000

Paid By Applied to

Modifier Charge Patient Deductible

197.00

-55.40

1.00

533.00

59

RT

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

AHMED A. MORSY MD

RT

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

Amount Due

02/04/1960

Adjustments Remainder

56.70

-140.30

542.86