

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

FATIMA S. ALKUTEIFANI 971 RICHVALE LN HOUSTON, TX 77062-4327

Rendering Physician:

JIHAD M. HARMOUCHE MD

(713)474-0958

Date of Last Payment: 1/4/2024

**FATIMA S. ALKUTEIFANI** 

Patient:

Dates

08/15/23

08/15/23 76801

99214

Procedure Desciption

OFFICE VISIT EST/LEVEL 4

OB US < 14 WKS SINGLE FETUS

Statement Date	Invoice Number	Page		
02/10/2025	CLS ALKFA001	1		
Guarantor	Due Date	Payment Due		

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

Make Checks Payable To:

-68.57

Date of Birth:

01/21/1994

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

Place of Service:

**CLS HEALTH** 

Paid by

Paid by

**BLUE** 

0.00

0.00

Amount of Last Payment:

4	: ala 25 7.66110 a to		,	i ala by					
Dates	Procedure	Desciption	Modifier	r Charge	Patient Ded	uctible	BLUE	Adjustments Remainder	
06/16/22	99202	OFFICE VIST NEW LEVEL 2	25	228.00		-74.39	0.00	-153.61	74.39
06/16/22	96372	Ther/proph/diag inj sc/im		45.00		-14.48	0.00	-30.52	14.48
06/16/22	J2790	Rho d immune globulin inj		237.00	-150.00	-118.00	-44.64	-119.00	-76.64
06/22/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-105.88	0.00	-294.12	65.88
06/28/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-105.88	0.00	-294.12	65.88
08/01/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-40.00	-100.76	-3.08	-294.12	62.80
08/01/22	81000	Urinalysis nonauto w/scope		12.00			-1.62	-9.31	1.07
09/13/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-48.37		-63.53	-294.12	-6.02
09/13/22	76830	Transvaginal us non-ob	59	385.00			-59.88	-285.21	39.91
Patient:	Patient: Rendering Physician:		:	Chart N	Number:	Place of Service:	Date of Birth:		
G		HARMOU	ARMOUCHE MD ALKFA001		CLS HEALTH	01/21/1994			
Pr					Paid By App	plied to	Paid by		
				Patient Deductible BLUE		Adjustments F	Adjustments Remainder		
09/13/22	76856	Us exam pelvic complete	TC	236.00			-36.73	-174.79	24.48
09/14/22	76856	Us exam pelvic complete	26	104.00			-17.06	-75.57	11.37
Patient: Rendering Phys		Physician:	ysician: Chart Number:		Place of Service:	Date of Birth:			
FATIMA S. ALKUTEIFANI JIHAD M. H			HARMOU(	SHE MD	ALKFA	001	CLS HEALTH	01/21/199	94

Paid By Applied to

-105.88

-100.37

-40.00

Modifier Charge Patient Deductible

385.00

358.00

Chart Number:

ALKFA001

Paid By Applied to

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.

Continued

Amount Due

Adjustments Remainder

65.88

100.37

-279.12

-257.63