

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

Date of Last Payment: 4/11/2024

Patient:

HANNAH M. AUSTIN

HANNAH M. AUSTIN 5025 FM 2351 APT 925 FRIENDSWOOD, TX 77546-2819 WEBSTER, TX 77456-2819 (409)370-3284

Rendering Physician:

JIHAD M. HARMOUCHE MD

Statement Date	Invoice Number	Page		
02/10/2025	CLS AUSHA000	1		
Guarantor	Due Date	Payment Due		

Pay Online	
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**Make Checks Payable To:** 

Date of Birth:

03/06/1999

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

Place of Service:

**CLEAR LAKE** 

Amount of Last Payment: -106.43

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Dates	Procedure	Desciption	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Paid by COMMUNIT	Adjustments l	Remainder
03/26/23	99223	1ST HOSP IP/OBS HIGH 75	25	523.00		-158.60	0.00	-324.75	39.65
03/26/23	59514	Cesarean delivery only		2,809.0		-698.48	0.00	-1,935.90	174.62
03/27/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.53	0.00	-257.09	20.38
03/29/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00		-84.04	0.00	-239.96	21.00
03/28/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00		-81.53	0.00	-257.09	20.38
Patient: Rendering Physician:		Chart Number:	Place of Service:		Date of Birth:				
HANNAH M. AUSTIN JIHAD M. HARMOUCHE MD		AUSHA000	CLEAR LAKE		03/06/1999				
Dates	Procedure	Desciption	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Paid by COMMUNIT	Adjustments <sup>l</sup>	Remainder
12/19/22	99220	Observation, Initial - High Severity		550.00	-181.90	0.00	-110.89	-368.10	71.01
12/20/22	99217	OBSERVATION DISCHARGE		220.00	-71.65	0.00	-52.38	-148.35	19.27

Chart Number:

**AUSHA000** 

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

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

Amount Due

366.31