



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

KHALIL Y. ABUSHEHADEH
12411 SERENE ELM ST
HOUSTON, TX 77089-2841

(832)506-5735

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUKH000	1
Guarantor	Due Date	Payment Due
KHALIL Y.	Upon Receipt	211.99

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	ZULFIQAR CHEEMA MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
04/30/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-55.58		-227.76	-269.24	-55.58

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	ZULFIQAR CHEEMA MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
04/30/21	93925	Lower extremity study		802.00	-55.58		-267.17	-534.83	-55.58

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	ZULFIQAR CHEEMA MD	ABUKH000	CLEAR LAKE	01/28/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
05/11/21	75710	Artery x-rays arm/leg	26	269.00	-45.58		-73.78	-195.22	-45.58

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KHALIL Y. ABUSHEHADEH	ZULFIQAR CHEEMA MD	ABUKH000	CLS HEALTH	01/28/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Friday	Adjustments	Remainder
02/04/22	99245	OFFICE CONSULTATION/LEVEL 5		497.00	-15.00		-221.11	-236.87	24.02
02/22/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-15.00		-215.89	-347.11	-15.00
04/12/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-15.00		-215.89	-347.11	-15.00
09/28/22	99999	NO SHOW		25.00			0.00		25.00

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