

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

IDUBIJES ASHMORE 8050 OAKDELL WAY APT 701 SAN ANTONIO, TX 78240-3913

Rendering Physician:

(432)530-3947

Patient:

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHID000	3
Guarantor	Due Date	Payment Due

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Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

IDUBIJES	ASHMOR	E JIHAD M. F	HARMOUCHE MD	ASHID00	00	CLS HEALTH	l 07/19/1975
Datas	Dungandung	Desciption		Paid By Appli		Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc	clible	BRIGHT	Adjustments Remainde
11/22/22	99204	OFFICE VIST NEW LEVEL 4	503.00	-100.00	-86.69	0.00	-316.31 86.69
Patient:		Rendering F	^o hysician:	Chart Nu	mber:	Place of Service	ce: Date of Birth:
IDUBIJES	ASHMOR	•	A M. AHMED MD	ASHID00)0	CLS HEALTH	07/19/1975
				Paid By Appli	ed to	Paid by	
Datas	Droodure	Descintion				•	A III A Demonstration
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc	CUDIE	United	Adjustments Remainde
02/10/23	G0483	Drug test def 22+ classes	741.00			-70.40	-650.60 20.00

Chart Number:

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

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Amount Due

1,253.24