




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

AMJAD AL KISWANI
5623 VAL VERDE ST
HOUSTON, TX 77057-5715

(832)404-4880

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKAM001	1
Guarantor	Due Date	Payment Due
AMJAD AL	Upon Receipt	40.45

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 7/3/2024			Amount of Last Payment: -324.35	
Patient: AMJAD AL KISWANI	Rendering Physician: ROHIT R. DHIR MD	Chart Number: ALKAM001	Place of Service: CLS HEALTH	Date of Birth: 01/12/1965

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/08/24	51798	Us urine capacity measure		34.00		-7.34	-24.22	2.44
04/08/24	81000	Urinalysis nonauto w/scope		12.00		-2.11	-9.19	0.70
04/09/24	51720	Treatment of bladder lesion	52	267.00		-15.02	-246.97	5.01
04/09/24	51784	Anal/urinary muscle study		194.00		-43.79	-135.61	14.60
04/09/24	51741	Electro-uflowmetry first		44.00		-9.63	-31.16	3.21
04/09/24	51798	Us urine capacity measure		34.00		-7.34	-24.22	2.44
04/12/24	51728	Cystometrogram w/vp	52	1,086.0	-50.00	-125.42	-918.78	-8.20
04/12/24	51784	Anal/urinary muscle study		194.00		-43.79	-135.61	14.60
04/12/24	51741	Electro-uflowmetry first		44.00		-9.63	-31.16	3.21
04/12/24	51798	Us urine capacity measure		34.00		-7.34	-24.22	2.44

Have a question about your balance, or need to update your insurance information with us?

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Amount Due
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