



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

ATEF ALBEIRAKDAR
15811 EL CAMINO REAL
HOUSTON, TX 77062-4416

(409)256-6896

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALBAT000 | 1 |
| Guarantor | Due Date | Payment Due |
| ATEF | Upon Receipt | 81.07 |

| Pay Online | |
|---|---|
| Go to: cls.health/payment or scan the QR Code |  |
| Make Checks Payable To: | |
| CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598 | |

| | |
|---------------------------------|--------------------------------|
| Date of Last Payment: 12/3/2024 | Amount of Last Payment: -31.92 |
|---------------------------------|--------------------------------|

| | | | | |
|-------------------------------------|---|----------------------------------|----------------------------------|-------------------------------------|
| Patient: ATEF ALBEIRAKDAR | Rendering Physician: MOUSTAFA M. AHMED MD | Chart Number: ALBAT000 | Place of Service: Pain | Date of Birth: 06/01/1972 |
|-------------------------------------|---|----------------------------------|----------------------------------|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by Ambetter | Adjustments | Remainder |
|----------|-----------|------------------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 08/07/23 | 80307 | Drug test prsmv chem analyzr | | 186.00 | -55.00 | | 0.00 | -154.93 | -23.93 |

| | | | | |
|-------------------------------------|---|----------------------------------|--|-------------------------------------|
| Patient: ATEF ALBEIRAKDAR | Rendering Physician: MOUSTAFA M. AHMED MD | Chart Number: ALBAT000 | Place of Service: CLS HEALTH | Date of Birth: 06/01/1972 |
|-------------------------------------|---|----------------------------------|--|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by Ambetter | Adjustments | Remainder |
|----------|-----------|--------------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 08/07/23 | 99214 | OFFICE VISIT EST/LEVEL 4 | 25 | 385.00 | | | -76.60 | -253.40 | 55.00 |

| | | | | |
|-------------------------------------|---|----------------------------------|--|-------------------------------------|
| Patient: ATEF ALBEIRAKDAR | Rendering Physician: ZEID F. KARADSHEH MD | Chart Number: ALBAT000 | Place of Service: CLS HEALTH | Date of Birth: 06/01/1972 |
|-------------------------------------|---|----------------------------------|--|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by Ambetter | Adjustments | Remainder |
|----------|-----------|-------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 11/01/23 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |
| 09/25/23 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |

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.

| Amount Due |
|--------------|
| 81.07 |