



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

MOHAMMED R. AHMED  
14138 JADE MEADOW CT  
HOUSTON, TX 77062-8059

(201)658-5027

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMMO000	1
Guarantor	Due Date	Payment Due
MOHAMMED R.	Upon Receipt	90.36

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 2/28/2023			Amount of Last Payment: -212.85		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MOHAMMED R. AHMED	ALI EZZO MD	AHMMO000	UTMB	02/24/1952	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/09/21	99291	CRITICAL CARE 1ST HOUR		678.00		-90.36	-135.54	-452.10	90.36

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](https://cls.health/payment)

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

Amount Due
90.36