

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

JOHNNY ALLEN 1414 TEXAS ST UNIT 833 HOUSTON, TX 77002-3684

(713)960-3093

Date of Last Payment: 9/25/2024

	Statement Date	Invoice Number	Page
	02/10/2025	CLS ALLJO001	1
	Guarantor	Due Date	Payment Due
Ī	IOLINING ALLENI	Upon Receipt	04.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -39.84

Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	Date of Birth:	
JOHNNY ALLEN		MOHAMED A. KHALIL MD		ALLJO001	CLS HEALTH	04/25/1957		
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by ADMINIST	Adjustments R	om ainde r	
		•				<u>-</u>		
08/30/21	99214	OFFICE VISIT EST/LEVEL 4	404.00	-60.00	0.00	-262.70	81.30	
Patient:		Rendering Physician:		Chart Number:	Place of Service: Date of Birth:		irth:	
JOHNNY ALLEN		SOUAD ENAKUAA MD		ALLJO001	04/25/1957		57	
				Paid By Applied to	Paid by			
1								
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	RENAISSA	Adjustments R	emainder	
10/17/22	Procedure 99215	Desciption OFFICE VISIT EST/LEVEL 5	Modifier Charge 563.00		-164.38	Adjustments R -378.62	-80.00	
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		·	563.00		-164.38		-80.00	
10/17/22	99215	OFFICE VISIT EST/LEVEL 5	563.00 Physician:	-100.00	-164.38	-378.62	-80.00 Firth:	
10/17/22 Patient:	99215	OFFICE VISIT EST/LEVEL 5 Rendering P	563.00 Physician: AFEZ DPM	-100.00 Chart Number:	-164.38 Place of Service:	-378.62 Date of B	-80.00 Firth:	
10/17/22 Patient:	99215	OFFICE VISIT EST/LEVEL 5 Rendering P	563.00 Physician: AFEZ DPM	-100.00 Chart Number: ALLJO001	-164.38 Place of Service: CLS HEALTH	-378.62 Date of B	-80.00 Firth:	

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

21.30