



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

MASUD AHMED
14906 HOLLYDALE DR
HOUSTON, TX 77062-2907

(404)988-9145

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMMA002	1
Guarantor	Due Date	Payment Due
MASUD AHMED	Upon Receipt	144.70

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: 9/5/2024	Amount of Last Payment: -7.02
--------------------------------	-------------------------------

Patient: MASUD AHMED	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AHMMA002	Place of Service: CLS HEALTH	Date of Birth: 01/01/1981
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
05/06/24	20610	Drain/inj joint/bursa w/o us	LT	199.00		-44.25	-140.00	14.75

Patient: MASUD AHMED	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AHMMA002	Place of Service: CLS HEALTH	Date of Birth: 01/01/1981
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/23/24	73565	X-ray exam of knees		119.00		-24.41	-86.46	8.13
04/23/24	73551	X-ray exam of femur 1		88.00		-17.90	-64.13	5.97

Patient: MASUD AHMED	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AHMMA002	Place of Service: CLS HEALTH	Date of Birth: 01/01/1981
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/25/24	73721	Mri jnt of lwr extre w/o dye		621.00	-51.73	-128.35	-449.87	-8.95

Patient: MASUD AHMED	Rendering Physician: VENKATA K. JONNA MD	Chart Number: AHMMA002	Place of Service: CLEAR LAKE	Date of Birth: 01/01/1981
--------------------------------	--	----------------------------------	--	-------------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
06/20/24	29881	KNEE ARTHROSCOPY/SURGERY	LT	1,689.0		-374.41	-1,189.79	124.80

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
144.70