

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

CAROL ALLEN 313 18TH AVE N TEXAS CITY, TX 77590-6114

(409)995-7679

**Date of Last Payment:** 

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALLCA000	1	
Guarantor	Due Date	Payment Due	

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

Amount of Last Payment: 0.00

Patient:		Rer	ndering Physician:	Chart Number:	Place of Service:	Date of Birth:
CAROL ALLEN		MOUSTAFA M. AHMED MD		ALLCA000	CLS HEALTH	01/17/1972
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments Remainder
04/05/21	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

25.00