




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

MICHEAL ALFRED  
3403 GARTH RD APT 114  
BAYTOWN, TX 77521-3837

(281)746-1166

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMI000	3
Guarantor	Due Date	Payment Due
MICHEAL ALFRED	Upon Receipt	219.40

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	

Patient:		Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:	
MICHEAL ALFRED		MOUSTAFA M. AHMED MD		ALFMI000		Pain		08/08/1965	

Dates	Procedure	Description	Modifier Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/01/22	G0483	Drug test def 22+ classes	741.00	Patient	Deductible	BRIGHT	-555.81	10.00

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

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

Amount Due
<b>219.40</b>