

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

BOBBY J. ALFREY 405 16TH STREET NORTH TEXAS CITY, TX 77590-7348

(409)392-1719

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALFBO000	1	
Guarantor	Due Date	Payment Due	

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Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of Bi	rth:
BOBBY J	OBBY J. ALFREY MOUSTAFA M. AHMED MD		ALFBO000	CLS HEALTH	08/08/1967			
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	BOON	Adjustments Re	mainder
01/11/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00		0.00	-189.40	94.60
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of Bi	rth:
BOBBY J	. ALFREY	MOUSTAFA	M. AHM	ED MD	ALFBO000	CLS HEALTH	08/08/196	7
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	BOON	Adjustments Re	mainder
01/21/21	73030	X-ray exam of shoulder	LT	107.00	_	0.00	-71.40	35.60

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

130.20