




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

ALICIA M. AMOKRANE
451 CONSTELLATION BLVD
APT 1506
LEAGUE CITY, TX 77573-2976
(346)339-4349

Statement Date	Invoice Number	Page
02/10/2025	CLS AMOAL000	1
Guarantor	Due Date	Payment Due
ALICIA M.	Upon Receipt	99.46

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 3/4/2024	Amount of Last Payment: 0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	ABDELNASER ELKHALILI MD	AMOAL000	CLS HEALTH	07/17/1967

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
04/01/21	G8484	Flu immunize no admin		0.01		0.00		0.01
04/01/21	G8420	Calc bmi norm parameters		0.01		0.00		0.01
04/01/21	G8427	Dcrev cur meds by elig clin		0.01		0.00		0.01
04/01/21	4004F	Pt tobacco screen rcvd tlik	8P	0.01		0.00		0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	ROHIT R. DHIR MD	AMOAL000	CLS HEALTH	07/17/1967

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
06/01/21	99992	NO SHOW		50.00		0.00		50.00
06/08/21	99992	NO SHOW		50.00		0.00		50.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICIA M. AMOKRANE	Maha Al-Jahiq MD	AMOAL000	HOUSTON	07/17/1967

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by UNITED	Adjustments	Remainder
01/01/22	99225	Subsequent observation care		218.00		-40.60	-167.25	10.15
01/02/22	99217	OBSERVATION DISCHARGE		220.00		-47.60	-160.50	11.90

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Amount Due
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