




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	2
Guarantor	Due Date	Payment Due
ALICIA M.	Upon Receipt	99.46

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

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
01/31/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-16.00		-66.08	-317.40	0.52
02/28/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-15.26		-82.60	-317.40	-15.26
04/04/22	99999	NO SHOW		25.00			0.00		25.00

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

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
03/29/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-108.85	-160.90	-50.75
03/31/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-108.85	-124.85	-14.70

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 Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
01/24/23	99999	NO SHOW		25.00			0.00		25.00

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

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
08/15/22	99999	NO SHOW		25.00			0.00		25.00

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