



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

MELINDA ALLGOOD
10935 DOGWOOD DR
LA PORTE, TX 77571-4355

(832)729-3844

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLME001	1
Guarantor	Due Date	Payment Due
MELINDA	Upon Receipt	62.43

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Date of Last Payment:	8/29/2024	Amount of Last Payment:	-99.14
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MELINDA ALLGOOD	MOUSTAFA M. AHMED MD	ALLME001	CLS HEALTH	04/18/1960

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
11/16/23	27096	Inject sacroiliac joint	50	494.00	-89.57		-199.50	-244.62	-39.69
11/16/23	Q9967	Locm 300-399mg/ml iodine, 1ml	59	3.00			-0.31	-2.61	0.08
11/16/23	J2001	Lidocaine injection	59	2.00			-0.05	-1.94	0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MELINDA ALLGOOD	MOUSTAFA M. AHMED MD	ALLME001	CLS HEALTH	04/18/1960

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
11/05/23	80307	Drug test prsmv chem analyzr		186.00			-26.82	-152.48	6.70
11/06/23	G0483	Drug test def 22+ classes		741.00			-72.32	-650.60	18.08

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MELINDA ALLGOOD	LORRIE F. POOL APRN	ALLME001	CLS HEALTH	04/18/1960

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
01/31/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-35.00		-25.21	-316.79	10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MELINDA ALLGOOD	MOUSTAFA M. AHMED MD	ALLME001	CLS HEALTH	04/18/1960

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
01/31/24	80307	Drug test prsmv chem analyzr		186.00			-26.82	-152.48	6.70

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Amount Due

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