

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

Date of Last Payment: 3/4/2024

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
L			
	Guarantor	Due Date	Payment Due

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PO BOX 58538 Webster, TX 77598

Amount of Last Payment: 0.00

Patient: ALICIA M	I. AMOKRA	ANE	_	Physician: ASER ELKHA	ALILI M	Chart Number: ID AMOAL000	Place of Service: CLS HEALTH	Date of Birth: 07/17/1967
Dates	Procedure	Desciptio	on	Modifier		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 p	parameters		0.01		0.00	0.01
04/01/21	G8427	Docrev cur meds	s by elig clin		0.01		0.00	0.01
04/01/21	4004F	Pt tobacco scree	en rovd tlk	8P	0.01		0.00	0.01
Patient:			Rendering	Physician:		Chart Number:	Place of Service:	Date of Birth:
ALICIA M	I. AMOKRA	ANE	ROHIT R.	DHIR MD		AMOAL000	CLS HEALTH	07/17/1967
						Paid By Applied to	Paid by	
Dates	Procedure	_						
		Desciptio	n	Modifier	Charge	Patient Deductible	BLUE	Adjustments Remainder
06/01/21	99992	<b>Desciptio</b> No show	on	Modifier	Charge 50.00	Patient Deductible	<b>BLUE</b> 0.00	Adjustments Remainder 50.00
06/01/21 06/08/21		<b>-</b>	on	Modifier		Patient Deductible		
	99992	NO SHOW	on	Modifier	50.00	Patient Deductible	0.00	50.00
	99992	NO SHOW		Modifier of	50.00	Patient Deductible  Chart Number:	0.00	50.00
06/08/21 Patient:	99992	NO SHOW		Physician:	50.00		0.00	50.00 50.00
06/08/21 Patient:	99992 99992	NO SHOW	Rendering	Physician:	50.00 50.00	Chart Number:	0.00 0.00 Place of Service:	50.00 50.00 Date of Birth:
06/08/21 Patient:	99992 99992	NO SHOW NO SHOW	Rendering Maha Al-I	Physician: l <b>ahiq MD</b>	50.00 50.00	Chart Number: AMOAL000	0.00 0.00 Place of Service: HOUSTON	50.00 50.00 Date of Birth:
06/08/21  Patient: ALICIA M	99992 99992 I. AMOKRA	NO SHOW NO SHOW	Rendering <b>Maha Al-l</b> on	Physician: l <b>ahiq MD</b>	50.00 50.00	Chart Number: AMOAL000 Paid By Applied to	0.00 0.00  Place of Service: HOUSTON  Paid by	50.00 50.00 Date of Birth: 07/17/1967

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

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Amount Due

Continued