




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

MICHEAL ALFRED
3403 GARTH RD APT 114
BAYTOWN, TX 77521-3837

(281)746-1166

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFMI000	3
Guarantor	Due Date	Payment Due
MICHEAL ALFRED	Upon Receipt	219.40

Pay Online	
Go to: cls.health/payment or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MICHEAL ALFRED	MOUSTAFA M. AHMED MD	ALFMI000	Pain	08/08/1965

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/01/22	G0483	Drug test def 22+ classes		741.00		Patient Deductible	BRIGHT	-555.81	10.00

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
219.40