

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

ATEF ALBEIRAKDAR 15811 EL CAMINO REAL HOUSTON, TX 77062-4416

(409)256-6896

Date of Last Payment: 12/3/2024

	Statement Date	Invoice Number	Page
	02/10/2025	CLS ALBAT000	1
L			
	Guarantor	Due Date	Payment Due

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Patient:			Rendering P	hysician:		Chart Number:	Place of Service:	Date of I	3irth:
ATEF ALBEIRAKDAR MO			MOUSTAFA M. AHMED MD		ALBAT000	Pain	06/01/1972		
						Paid By Applied to	Paid by		
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	Ambetter	Adjustments	Remainder
08/07/23	80307	Drug test prsm	chem anlyzr		186.00	-55.00	0.00	-154.93	-23.93
Patient: Rendering		Rendering P	Physician:		Chart Number:	Place of Service:	Date of Birth:		
ATEF ALBEIRAKDAR		MOUSTAFA M. AHMED MD		ALBAT000	CLS HEALTH	06/01/1972			
						Paid By Applied to	Paid by		
Dates	Procedure	Desciption	on	Modifier	Charge	Patient Deductible	Ambetter	Adjustments l	Remainder
Dates 08/07/23	Procedure 99214	OFFICE VISIT I		Modifier 25	385.00	Patient Deductible	Ambetter -76.60	Adjustments -253.40	Remainder 55.00
						Patient Deductible			
				25		Patient Deductible Chart Number:	-76.60		55.00
08/07/23 Patient:		OFFICE VISIT I	EST/LEVEL 4	25 hysician:	385.00		-76.60	-253.40	55.00 Birth:
08/07/23 Patient:	99214	OFFICE VISIT I	Rendering P	25 hysician:	385.00	Chart Number:	-76.60 Place of Service:	-253.40 Date of I	55.00 Birth:
08/07/23 Patient:	99214	OFFICE VISIT I	Rendering P	²⁵ hysician: RADSHEH	385.00 MD	Chart Number: ALBAT000	-76.60 Place of Service: CLS HEALTH Paid by	-253.40 Date of I	55.00 Birth:
08/07/23 Patient: ATEF AL	99214 BEIRAKDA	OFFICE VISIT I	Rendering P	²⁵ hysician: RADSHEH	385.00 MD	Chart Number: ALBAT000 Paid By Applied to	-76.60 Place of Service: CLS HEALTH Paid by	-253.40 Date of I 06/01/19	55.00 Birth:
08/07/23 Patient: ATEF AL Dates	99214 BEIRAKDA Procedure	OFFICE VISIT I	Rendering P	²⁵ hysician: RADSHEH	385.00 MD Charge	Chart Number: ALBAT000 Paid By Applied to	-76.60 Place of Service: CLS HEALTH Paid by Ambetter	-253.40 Date of I 06/01/19	55.00 Birth: 1 72 Remainder

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

81.07