



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

PAULA T. AIG
8607 REXFORD COVE CT
RICHMOND, TX 77407-1572

(832)364-0214

Statement Date	Invoice Number	Page
02/10/2025	CLS AIGPA000	1
Guarantor	Due Date	Payment Due
PAULA T. AIG	Upon Receipt	262.39

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

Date of Last Payment: 3/18/2024	Amount of Last Payment: 0.00
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Patient: PAULA T. AIG	Rendering Physician: HEENA S. AHMED MD	Chart Number: AIGPA000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
09/06/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00			-134.67	-333.98	34.35
10/03/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-53.88		-103.17	-255.51	-27.56
11/02/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-34.86		-103.17	-255.51	-8.54
11/28/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-34.86		-103.17	-255.51	-8.54
01/02/24	99999	NO SHOW		25.00			0.00		25.00
01/09/24	99999	NO SHOW		25.00			0.00		25.00
02/07/24	99999	NO SHOW		25.00			0.00		25.00
02/15/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-26.94		-101.14	-260.06	-1.14
02/07/24	99999	NO SHOW		25.00			0.00		25.00
03/14/24	99999	NO SHOW		25.00			0.00		25.00
03/19/24	99999	NO SHOW		25.00			0.00		25.00

Patient: PAULA T. AIG	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AIGPA000	Place of Service: CLS HEALTH	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
10/06/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-34.86		-103.17	-255.51	-8.54
01/12/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-134.74	-111.00	-14.11	-258.29	-20.14

Patient: PAULA T. AIG	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AIGPA000	Place of Service: MEMORIAL	Date of Birth: 01/10/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
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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 Continued
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