

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

MISTY ANDERSON 727 DONCREST ST CHANNELVIEW, TX 77530-3320

Rendering Physician:

MOUSTAFA M. AHMED MD

(325)205-0282

Date of Last Payment: 4/4/2024

Patient:

01/04/22

99999

**MISTY ANDERSON** 

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANDMI002	1	
Guarantor	Due Date	Payment Due	
MISTY	Upon Receipt	3996.30	

Pay Online	
Pay Offillie	
Go to: cls.health/payment	
or scan the QR Code	

**Make Checks Payable To:** 

Date of Birth:

12/07/1974

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

**CLS HEALTH** 

0.00

Amount of Last Payment: 0.00

Dates	Procedure	Desciption	Modifier		Paid By Applied to Patient Deductible	•	Adjustments <sup>l</sup>	Remainder
08/03/21	99204	OFFICE VIST NEW LEVEL 4	25	522.00	-175.00	-79.62	-442.38	-175.00
08/30/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00	-46.73	-357.27	-175.00
09/27/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00	-46.73	-357.27	-175.00
10/25/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-175.00	-46.73	-357.27	-175.00
12/06/21	27096	Inject sacroiliac joint	RT	524.00	-225.00	-121.89	-402.11	-225.00
12/06/21	20611	Drain/inj joint/bursa w/us	RT	311.00	-63.70	-34.89	-276.11	-63.70
Patient:		Renderir	ng Physician:	sician: Chart Number: Place of Servi		: Place of Service:	e: Date of Birth:	
MISTY A	MISTY ANDERSON MOUSTAFA M. AHMED			ANDMI002	CLS HEALTH 12/07/1974			
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier		Patient Deductible		Adjustments	Remainder
03/29/22	99999	NO SHOW		25.00	ı	0.00		25.00
04/21/22	99999	NO SHOW						05.00
07/21/22	99999	NOSHOW		25.00	`	0.00		25.00
04/21/22	99999	NO SITOW		25.00	1	0.00		25.00
Patient:			ng Physician:		Chart Number:		Date of I	
Patient:	NDERSON	Renderin	ng Physician: <b>IED A. KHALI</b>				Date of I	Birth:
Patient:		Renderin		IL MD	Chart Number:	: Place of Service: CLS HEALTH		Birth:

25.00

Chart Number:

ANDMI002

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

NO SHOW

If remitting payment via mail in check, Please include statement.

Amount Due

25.00

Continued