



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

SYED AHMED
7810 BAILEY RD APT 321
PEARLAND, TX 77584-6602

(832)315-7503

Statement Date	Invoice Number	Page
02/10/2025	CLS AHMSY003	1
Guarantor	Due Date	Payment Due
SYED AHMED	Upon Receipt	89.94

Pay Online	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 5/24/2022			Amount of Last Payment: -289.28	
Patient: SYED AHMED	Rendering Physician: JUNEIGHT C. ALCIVAR	Chart Number: AHMSY003	Place of Service: PAM	Date of Birth: 05/03/1972

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by Friday	Adjustments	Remainder
03/31/22	99254	HOSPITAL CONSULT, LEVEL 4		377.00		-167.39	-191.01	18.60
04/01/22	99233	HOSPITAL, SUBSEQUENT, HIGH		315.00		-103.94	-199.51	11.55
04/04/22	99233	HOSPITAL, SUBSEQUENT, HIGH		315.00		-103.94	-199.51	11.55
04/05/22	99232	HOSPITAL, SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/06/22	99232	HOSPITAL, SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/07/22	99232	HOSPITAL, SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/08/22	99232	HOSPITAL, SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/09/22	99232	HOSPITAL, SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04
04/11/22	99232	HOSPITAL, SUBSEQUENT, MOD		219.00		-72.32	-138.64	8.04

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
89.94