

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

Patient:

ALICIA M. AMOKRANE 451 CONSTELLATION BLVD **APT 1506 LEAGUE CITY, TX 77573-2976** (346)339-4349

Rendering Physician:

Statement Date	Invoice Number	Page		
02/10/2025	CLS AMOAL000	.000 3		
Guarantor	Due Date	Payment Due		

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

Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

ALICIA M	I. AMOKRA	NE MOUSTAFA	M. AHMED MD	AMOAL000	CLS HEALTH	07/17/1967	7
Dates	Procedure	Desciption	Modifier Charge	Paid By Applied to Patient Deductible	Paid by Oscar	Adjustments Re	mainder
11/21/22	99214	OFFICE VISIT EST/LEVEL 4	25 400.00	-290.00	-71.93	-293.07 -	-255.00
12/19/22	99214	OFFICE VISIT EST/LEVEL 4	25 385.00	-125.00	0.00	-272.44	-12.44
01/16/23	99991	NO SHOW	150.00	ı	0.00		150.00
i							
Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of Bir	rth:
ALICIA M	I. AMOKRA	NE MOUSTAFA	M. AHMED MD	AMOAL000	Pain	07/17/1967	7
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Oscar	Adjustments Remainder	
11/21/22	80307	Drug test prsmv chem anlyzr	186.00		-12.14	-123.86	50.00
12/19/22	80307	Drug test prsmv chem anlyzr	186.00	I	-12.14	-123.86	50.00

Chart Number:

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

99.46