



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

MOHAMMED E. ALBABA  
1608 GARDEN GLEN LN  
PEARLAND, TX 77581-6559

(832)621-7912

Statement Date	Invoice Number	Page
02/10/2025	CLS ALBMO000	1
Guarantor	Due Date	Payment Due
MOHAMMED E.	Upon Receipt	1828.06

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 7/16/2021	Amount of Last Payment: -174.94
---------------------------------	---------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MOHAMMED E. ALBABA	MOHAMMAD J. BABA MD	ALBMO000	CLS HEALTH	02/12/1993

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
12/16/22	72141	Mri neck spine w/o dye		639.00			0.00		639.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MOHAMMED E. ALBABA	MOUSTAFA M. AHMED MD	ALBMO000	CLS HEALTH	02/12/1993

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CASH	Adjustments	Remainder
12/21/22	99214	OFFICE VISIT EST/LEVEL 4	25	385.00			0.00		385.00
12/21/22	94760	Measure blood oxygen level		7.00			0.00		7.00
12/21/22	G8427	Dcrev cur meds by elig clin		0.01			0.00		0.01
12/21/22	G9903	Pt scrn tbco id as non user		0.01			0.00		0.01
12/21/22	G8420	Calc bmi norm parameters		0.01			0.00		0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MOHAMMED E. ALBABA	MOUSTAFA M. AHMED MD	ALBMO000	CLS HEALTH	02/12/1993

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by CASH	Adjustments	Remainder
12/21/22	62321	Nix interlaminar crv/thrc		795.00			0.00		795.00
12/21/22	A4248	CHLORHEXIDINE ANTISEPT	59	1.00			0.00		1.00
12/21/22	J2001	Lidocaine injection		0.01			0.00		0.01
12/21/22	J7030	Normal saline solution infus		0.01			0.00		0.01
12/21/22	J1100	Dexamethasone sodium phos	59	0.01			0.00		0.01
12/21/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	1.00			0.00		1.00

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](https://cls.health/payment)

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

Amount Due
1,828.06