



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

ELIZABETH ALICEA
3004 BARRINGTON SPRINGS LN
DICKINSON, TX 77539-0319

(832)805-2618

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALIEL000 | 1 |
| Guarantor | Due Date | Payment Due |
| ELIZABETH | Upon Receipt | 125.00 |

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

| Date of Last Payment: 12/31/2024 | | | Amount of Last Payment: -181.41 | | |
|----------------------------------|----------------------|---------------|---------------------------------|----------------|--|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: | |
| ELIZABETH ALICEA | RAZI M. RASHID MD | ALIEL000 | CLS HEALTH | 09/28/1987 | |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|-------------|----------|--------|---------|------------|---------|-------------|-----------|
| | | | | | Patient | Deductible | Tricare | | |
| 06/08/21 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |
| 06/11/21 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |
| 06/22/21 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |
| 06/24/21 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |
| 06/15/21 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |

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

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

| Amount Due |
|---------------|
| 125.00 |