



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

PETER P. ALCAZAREN
2326 SHADOW FALLS LN
PEARLAND, TX 77584-3410

(281)857-5262

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCPE001	1
Guarantor	Due Date	Payment Due
PETER P.	Upon Receipt	22.70

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:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PETER P. ALCAZAREN	MAAMOUN A. HARMOUCH	ALCPE001	HCA	05/18/1975

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
09/06/21	99254	HOSPITAL CONSULT, LEVEL 4		377.00		Patient Deductible	BLUE	-22.70	-128.67
								-225.63	22.70

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
22.70