



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

AMBER M. ALFORD  
407 KENDALL CREST DR  
ALVIN, TX 77511-5117

(832)877-0966

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFAM000	1
Guarantor	Due Date	Payment Due
AMBER M.	Upon Receipt	205.46

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: 10/28/2024			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
AMBER M. ALFORD	MAAMOUN A. HARMOUCH	ALFAM000	HOUSTON	12/24/1975	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
11/01/23	49616	Rpr aa hrn rcr 3-10 ncr/strn		2,709.0			Ambetter	-1,887.18	205.46

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
<b>205.46</b>