




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

DALYA ALAKHRAS
11400 SPACE CENTER BLVD
APT 7203
HOUSTON, TX 77059-3622
(832)606-5167

Statement Date	Invoice Number	Page
02/10/2025	CLS ALADA000	1
Guarantor	Due Date	Payment Due
DALYA	Upon Receipt	35.00

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: 11/2/2023			Amount of Last Payment: -23.29		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DALYA ALAKHRAS	RAZI M. RASHID MD	ALADA000	CLS HEALTH	08/11/1987	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/05/23	99212	OFFICE VISIT EST/LEVEL 2		171.00		Patient Deductible	Ambetter	-112.71	35.00

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
35.00