



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

CARLOS ALFARO DE LEON
32337 FORTO LAND RD
LA FERIA, TX 78559-2304

(956)684-7096

Statement Date	Invoice Number	Page
02/10/2025	CLS ALFCA001	1
Guarantor	Due Date	Payment Due
CARLOS	Upon Receipt	225.83

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:
CARLOS ALFARO DE LEON	JIRIES S. DAHU MD	ALFCA001	ST.LUKE'S	02/10/1986

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
09/09/22	99236	Hosp/Obs - Admit/Disch Same Day Level		651.00		Patient Deductible	SELF PAY	-425.17	225.83

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
225.83