



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

SHANNON M. ALEXANDER
6900 N MAIN ST APT 118
BAYTOWN, TX 77521-6535

(409)338-1720

Statement Date	Invoice Number	Page
02/10/2025	CLS ALESH000	1
Guarantor	Due Date	Payment Due
SHANNON M.	Upon Receipt	210.83

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:	
SHANNON M. ALEXANDER	NISARG PATEL MD	ALESH000	HCA	10/13/1977	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/15/22	99223	INITIAL HOSPITAL/HIGH		609.00		Patient Deductible	TEXAS	-398.17	210.83

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
210.83