



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

SALEH M. ALKUWARI
3410 FOURSOME LN
SUGAR LAND, TX 77498-4695

(779)200-0512

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKSA000	1
Guarantor	Due Date	Payment Due
SALEH M.	Upon Receipt	607.58

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:
SALEH M. ALKUWARI	JIRIES S. DAHU MD	ALKSA000	MEMORIAL	01/01/1952

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
04/28/21	99223	INITIAL HOSPITAL/HIGH		616.00		0.00	-407.77	208.23
04/29/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-210.95	107.05
04/30/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		0.00	-210.95	107.05
05/01/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		0.00	-146.11	74.89
05/02/21	99239	HOSPITAL DISCHARGE, LONG		327.00		0.00	-216.64	110.36

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
607.58