



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

CALVIN ALEXANDER
5703 BELVEDERE ST
HOUSTON, TX 77021-3253

(713)742-2978

Statement Date	Invoice Number	Page
02/10/2025	CLS ALECA003	1
Guarantor	Due Date	Payment Due
CALVIN	Upon Receipt	25.00

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:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CALVIN ALEXANDER	ZEID F. KARADSHEH MD	ALECA003	CLS HEALTH	12/03/1967

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
01/15/24	99999	NO SHOW		25.00			0.00		25.00

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
25.00