



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

FARES ALKANDERI
1700 E 13TH ST APT 10V
CLEVELAND, OH 44114-3217

(818)860-6931

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKFA000	1
Guarantor	Due Date	Payment Due
FARES	Upon Receipt	50.00

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:
FARES ALKANDERI	ROHIT R. DHIR MD	ALKFA000	CLS HEALTH	02/14/1999

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
11/15/21	99992	NO SHOW		50.00		Patient Deductible	CIGNA		50.00

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
50.00