

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

CHRISTOPHER ALAS 1243 BAY AREA BLVD APT 2407 HOUSTON, TX 77058-2522

(512)699-4353

Date of Last Payment: 10/14/2024

Dates

12/20/23

Call 281-694-5986

99999

Procedure Desciption

NO SHOW

To make a payment online, go to cls.health/payment

If remitting payment via mail in check, Please include statement.

Statement Date	Invoice Number	Page		
02/10/2025	CLS ALACH000	1		
Guarantor	Due Date	Payment Due		

Go to: cls.health/payment or scan the QR Code	Pay Online	

Make Checks Payable To:

Adjustments Remainder

Amount Due

177.65

25.00

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -16.41

Patient:			Rendering P	hysician:		Chart Number:	Place of Service:	Date of B	irth:	
CHRISTOPHER ALAS			ROHIT R. DHIR MD			ALACH000	ALACH000 CLS HEALTH		07/12/1976	
Dates	Procedure	Desciptio	on	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by AARP	Adjustments R	emainder	
01/07/21	99992	NO SHOW			50.00	-27.35	0.00		22.65	
07/14/21	99992	NO SHOW			50.00		0.00		50.00	
07/20/21					50.00		0.00		50.00	
Patient:			Rendering P	•		Chart Number:		Date of B	irth:	
CHRISTO	PHER ALA	IS	ROHIT R. D	HIR MD		ALACH000	CLS HEALTH	07/12/1976		
Dates	Dunanduwa	Do a sinti-		Madifian	Chaus	Paid By Applied to	Paid by			
Dates	Procedure			Modifier		Patient Deductible		Adjustments R		
09/16/24	99214	OFFICE VISIT	EST/LEVEL 4		387.00		-79.52	-257.48	50.00	
Patient:			Rendering P	hysician:		Chart Number:	Place of Service:	Date of Birth:		
CHRISTOPHER ALAS			ROHIT R. D	•		ALACH000	CLS HEALTH	07/12/197	76	
Dates	Procedure	Dosainti		Modifior	Chargo	Paid By Applied to	Paid by	A 45 4) almala u	
						Patient Deductible		Adjustments R		
01/31/24	99214	OFFICE VISIT		95	387.00		-126.42	-260.58	-10.00	
06/05/24	99214	OFFICE VISIT	EST/LEVEL 4	95	387.00	-10.00	-128.52	-258.48	-10.00	
Patient: Rendering Physician:			Chart Number:	Place of Service:	Date of B	irth:				
CHRISTO	PHER ALA	/s	ZEID F. KARADSHEH MD		ALACH000	CLS HEALTH	07/12/197	76		
						Paid By Applied to	Paid by			

Modifier Charge Patient Deductible WELLMED

0.00

25.00

Have a question about your balance, or need to update your insurance information with us?