



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

JOYCELAN M. ALEXANDER
3535 CANADA RD APT 4304
LA PORTE, TX 77571-4564

(281)830-7430

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEJO000	1
Guarantor	Due Date	Payment Due
JOYCELAN M.	Upon Receipt	117.46

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: 11/5/2024	Amount of Last Payment: -114.00
---------------------------------	---------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOYCELAN M. ALEXANDER	MOUSTAFA M. AHMED MD	ALEJO000	CLS HEALTH	01/09/1944

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/11/21	99999	NO SHOW		25.00			WELLMED	0.00	25.00
11/11/21	99999	NO SHOW		25.00			WELLMED	0.00	25.00
01/03/22	99999	NO SHOW		25.00	-7.54		WELLMED	0.00	17.46

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JOYCELAN M. ALEXANDER	ROHIT R. DHIR MD	ALEJO000	CLS HEALTH	01/09/1944

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
07/28/21	99992	NO SHOW		50.00			WELLMED	0.00	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
117.46