

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

YOLANDA ALDAPE 4805 ARNOLD DR PEARLAND, TX 77584-8933

(832)829-2884

Date of Last Payment:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALDYO000	1	
Guarantor	Due Date	Payment Due	

Pay Online	
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Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: 0.00

Patient:		Rer	idering Physician:	Chart Number:	Place of Service:	Date of Birth:
YOLAND	A ALDAPE	MO	USTAFA M. AHMED MD	ALDYO000	CLS HEALTH	12/30/1952
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	HUMANA	Adjustments Remainder
11/29/21	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

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

Amount Due

25.00