

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

ANA M. ALCOCER 102 SHIRLEEN DR SEABROOK, TX 77586-5422

Rendering Physician:

(832)247-4621

Date of Last Payment: 6/26/2024

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ALCAN001	1		
Guarantor	Due Date	Payment Due		

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

**Make Checks Payable To:** 

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -55.00

ANA M. A	ALCOCER	MAHMOOI	D DWEIK MD	ALCAN00	01	CLS HEALTH	06/16/19	62
Datas	Drooduro	Descintion	Madifiar Chargo	Paid By Applie		Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc	etible	Friday	Adjustments F	œm ainde r
08/30/22	95810	Polysom 6/> yrs 4/> param	1,918.0	-20.00		-661.64	-1,182.84	53.52
09/26/22	95811	Polysom 6/>yrs cpap 4/> parm	2,002.0	-20.00	-76.75	-690.73	-1,234.52	56.75

Chart Number:

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

110.27