

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

SALEM G. ALI 711 FM 1959 RD APT 1615 HOUSTON, TX 77034-5541

(832)744-4700

Date of Last Payment: 12/20/2024

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALISA000	1	
Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment 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: -84.42

SALEM G	6. ALI	MA	HMOOD DWEIK MD	ALISA000	CLS HEALTH	03/19/1959
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	· · · · •	Adjustments Remainder
Dates	i i ocedui e	Desciption	Woulder Offarge	i atient beductible	Ambetter	Adjustments Remainder
12/12/22	99999	NO SHOW	25.00		0.00	25.00

Chart Number:

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

25.00

Amount Due