

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

SOPHIA I. ALVARADO 5620 CHISHOLM TRL **DICKINSON, TX 77539-5956** 

(281)685-6626

Date of Last Payment: 10/10/2024

Statement Date	Invoice Number	Page 1	
02/10/2025	CLS ALVSO000		
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: -125.18

		Rendering P  MAHMOOD	Physician: DWEIK MD	Chart Number: ALVSO000	Place of Service: CLS HEALTH	Date of Birth: <b>05/13/2009</b>	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by AETNA	Adjustments Re	emainder
08/06/23	94660	Pos airway pressure cpap	191.00		-33.04	-132.96	25.00
09/09/24	94660	Pos airway pressure cpap	194.00		-33.04	-135.96	25.00
<u> </u>							
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Bi	irth:
SOPHIA	I. ALVARA	DO MAHMOOD	DWEIK MD	ALVSO000	CLS HEALTH	05/13/200	19
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	AETNA	Adjustments Re	em ainde r
06/28/22	95810	Polysom 6/> yrs 4/> param	26 371.00	-21.84	-92.11	-268.66	-11.61

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

38.39