

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

**GUADALUPE ALDAPE** 1150 MONROE ST ALVIN, TX 77511-2777

(281)832-4310

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ALDGU000	3		
Guarantor	Due Date	Payment Due		

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Date of Birth:

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**CLS HEALTH PLLC** PO BOX 58538

Place of Service:

Webster, TX 77598

GUADAL	UPE ALDA	PE ALI EZZO M	D	ALDGU000	UTMB	11/05/19	58
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by SELFPAY	Adjustments	Remainder
10/12/22	99220	Observation, Initial - High Severity	550.00		0.00	-366.64	183.36
Patient:		Rendering Pl	nysician:	Chart Number:	Place of Service:	Date of I	Birth:
GUADAL	UPE ALDA	PE MAHMOOD	DWEIK MD	ALDGU000	CLEAR LAKE	11/05/19	58
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments	Remainder
10/29/22	99223	INITIAL HOSPITAL/HIGH	609.00		0.00	-430.33	178.67
10/30/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-136.33	178.67
10/31/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-136.33	178.67
11/01/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-205.98	118.02

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.

Amount Due

3,295.57