



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

SIMONA U. ALVARADO  
403 RIVERSIDE DR  
ALVIN, TX 77511-5234

(713)416-9437

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVSI000	1
Guarantor	Due Date	Payment Due
SIMONA U.	Upon Receipt	75.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 10/28/2022	Amount of Last Payment: -106.54
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SIMONA U. ALVARADO	MOUSTAFA M. AHMED MD	ALVSI000	CLS HEALTH	12/09/1959

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/16/21	99999	NO SHOW		25.00		Patient Deductible	HUMANA		25.00

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12/10/21	99999	NO SHOW		25.00		Patient Deductible	HUMANA		25.00

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