

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

SHIRLEY ALVARADO 3530 W 12TH ST APT 6303 HOUSTON, TX 77008-3299

(832)732-0187

**Date of Last Payment:** 

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALVSH000	1	
Guarantor	Due Date	Payment Due	

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Patient:		Rei	ndering Physician:	Chart Number:	Place of Service	Date of Birth:
SHIRLEY	ALVARAD	O ZEI	D F. KARADSHEH MD	ALVSH000	CLS HEALTH	06/05/1971
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments Remainder
08/01/23	99999	NO SHOW	25.00		0.00	25.00

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

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25.00