



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

HAMID ARJOMANDNIA  
15900 SPACE CENTER BLVD APT C2  
HOUSTON, TX 77062-6201

(832)466-9406

Statement Date	Invoice Number	Page
02/10/2025	CLS ARJHA000	1
Guarantor	Due Date	Payment Due
HAMID	Upon Receipt	20.00

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 6/6/2023			Amount of Last Payment: -313.15		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
HAMID ARJOMANDNIA	ZULFIQAR CHEEMA MD	ARJHA000		02/23/1957	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/02/23	99213	OFFICE VISIT EST/LEVEL 3	24	272.00		Patient Deductible	RENAISSA	-71.59	20.00
								-180.41	

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](https://cls.health/payment)

If remitting payment via mail in check, Please include statement.

Amount Due
20.00