



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

MICHAEL D. ANDERSON
2405 34TH AVE N
TEXAS CITY, TX 77590-3846

(307)689-6942

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI006	1
Guarantor	Due Date	Payment Due
MICHAEL D.	Upon Receipt	49.66

Pay Online	
Go to: cls.health/payment or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 12/5/2024			Amount of Last Payment: -119.95		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MICHAEL D. ANDERSON	MAAMOUN A. HARMOUCH	ANDMI006	HOUSTON	11/24/1981	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/21/23	49592	Rpr aa hrn 1st < 3 ncr/strn		1,501.0		Patient Deductible	UNITED	-557.36	49.66

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
49.66