

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

ANNA M. ALVIAR 218 SHERMAN AVE PASADENA, TX 77503-1367

(832)340-1892

	Statement Date	Invoice Number	Page	
	02/10/2025	CLS ALVAN003	1	
	Guarantor	Due Date	Payment Due	
ſ	ANNA M ALVIAR	Upon Receipt	89 21	

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**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Date of Last Payment: 4/2/2024 Amount of Last Payment: -87.86												
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:						
ANNA M.	ALVIAR	DANNY M. MOUNIR MD			ALVAN003	HCA	09/30/1973					
					Paid By Applied to	Paid by						
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	BLUE	Adjustments Re	mainder				
08/04/23	99205	OFFICE VIST NEW LEVEL 5	25	546.00		-125.21	-380.79	40.00				
08/04/23	51701	Insert bladder catheter		77.00	-24.21	0.00	-52.79	24.21				
Patient: Rendering Physici			hysician:	vsician: Chart Number:		Place of Service:	Date of Birth:					
ANNA M. ALVIAR DANNY I		DANNY M. I	. MOUNIR MD		ALVAN003	HCA	09/30/1973					
					Paid By Applied to	Paid by						
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	BLUE	Adjustments Re	mainder				
03/01/24	99215	OFFICE VISIT EST/LEVEL 5	25	434.00		-82.36	-326.64	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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If remitting payment via mail in check, Please include statement.

Amount Due

89.21