

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

MARIA B. ALFARO MINGUELA 9713 SUMERLIN ST HOUSTON, TX 77075-4036

Rendering Physician:

HDIEC C DALILI MD

(832)526-1898

**Date of Last Payment:** 

MADIA D. ALEADO

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALFMA002	1	
Guarantor	Due Date	Payment Due	

Pay Online				
Go to: cls.health/payment or scan the QR Code				

**Make Checks Payable To:** 

Date of Birth:

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

Place of Service:

Amount of Last Payment: 0.00

MARIA B. ALFARO		JIRIES S. DAHU MD		ALFMA002	ST.LUKE'S	03/21/196	03/21/1963	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments Re	mainder	
12/12/21	99223	INITIAL HOSPITAL/HIGH	609.00		0.00	-400.77	208.23	
12/13/21	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-213.64	110.36	

Chart Number:

A L ER4 A 000

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

318.59