

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

SOBEIDA K. ANGUIANO 7600 E HOUSTON RD APT 2101 HOUSTON, TX 77028-2911

(713)657-9986

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANGSO000	1	
Guarantor	Due Date	Payment Due	

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Date of Last Payment:			12/11/2024			Amou	Amount of Last Payment: -100.66		
Patient:			Rendering Ph	nysician:	Chart Number:	Pla	ice of Service:	Date of Birth:	
SOBEIDA	K. ANGUI	ANO	ZULFIQAR C	HEEMA MD	ANGSO000	CL	S HEALTH	01/02/1980	
					Paid By Applied to	Paid by	Paid by		
Dates	Procedure	Desci	ption	Modifier Charge	Patient Deductible	MEDICARE		Adjustments Remainder	
02/04/21	99999	NO SHOW	V	25.00		0.00	0.00	25.00	

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

25.00