




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

VASILIA ALKHALDI
2323 MCCUE RD
HOUSTON, TX 77056-4683

(346)563-1711

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKVA000	1
Guarantor	Due Date	Payment Due
VASILIA	Upon Receipt	65.00

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: 11/10/2023			Amount of Last Payment: -122.60		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
VASILIA ALKHALDI	JIHAD M. HARMOUCHE MD	ALKVA000	CLS HEALTH	02/13/1987	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
01/05/23	99204	OFFICE VIST NEW LEVEL 4		503.00		Patient Deductible	Communi	-331.23	65.00

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
65.00