



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

SALINDA ARTIS
7219 BIRCHVILLE DR
ROSHARON, TX 77583-4949

(281)236-0849

Statement Date	Invoice Number	Page
02/10/2025	CLS ARTSA001	1
Guarantor	Due Date	Payment Due
SALINDA ARTIS	Upon Receipt	50.00

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: 11/6/2024			Amount of Last Payment: -6.17		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SALINDA ARTIS	MOUSTAFA M. AHMED MD	ARTSA001	CLS HEALTH	09/19/1967	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
12/22/23	99999	NO SHOW		25.00		Patient Deductible	HUMANA		25.00
12/29/23	99999	NO SHOW		25.00					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
50.00