




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

HAWA APPLETON  
9801 W FAIRMONT PKWY APT 904  
LA PORTE, TX 77571-4434

(980)365-3119

Statement Date	Invoice Number	Page
02/10/2025	CLS APPHA001	2
Guarantor	Due Date	Payment Due
HAWA	Upon Receipt	99.43

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

07/22/24	87798	Detect agent nos dna amp	1,995.0	-188.17	-1,744.11	62.72
----------	-------	--------------------------	---------	---------	-----------	-------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HAWA APPLETON	ZEID F. KARADSHEH MD	APPHA001	BAY AREA	04/21/1994

Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments	Remainder
08/16/24	45380	Colonoscopy and biopsy	605.00	-100.00	-135.05	-424.94	-54.99
08/16/24	43239	Egd biopsy single/multiple	419.00		-53.54	-347.62	17.84

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](https://cls.health/payment)

If remitting payment via mail in check, Please include statement.

Amount Due
<b>99.43</b>