




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

FATIMA S. ALKUTEIFANI
971 RICHVALE LN
HOUSTON, TX 77062-4327

(713)474-0958

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKFA001	2
Guarantor	Due Date	Payment Due
FATIMA S.	Upon Receipt	523.20

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	

08/15/23	81025	Urine pregnancy test		26.00	-5.77	0.00	-20.23	5.77
08/15/23	81000	Urinalysis nonauto w/scope		12.00	-2.69	0.00	-9.31	2.69
08/29/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-40.00	-63.53	-279.12	2.35
08/29/23	80307	Drug test prsmv chem analyzr		186.00		-21.34	-150.44	14.22
08/29/23	G0483	Drug test def 22+ classes		741.00		-81.49	-605.19	54.32

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
523.20