



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

MICHAEL D. ANDERSON
12596 FLEET RIVER RD
HOUSTON, TX 77047-2210

(832)405-2655

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMI004	1
Guarantor	Due Date	Payment Due
MICHAEL D.	Upon Receipt	170.34

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: 9/13/2022			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MICHAEL D. ANDERSON	MAHMOOD DWEIK MD	ANDMI004		06/12/1985	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
01/17/22	95806	Sleep study unatt&resp efft		288.00		Patient Deductible	CIGNA	-117.66	170.34

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
170.34