




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

WILLIE B. ALSANDOR
2889 REED RD APT 14101
HOUSTON, TX 77051-2392

(832)722-2504

Statement Date	Invoice Number	Page
02/10/2025	CLS ALSWI000	1
Guarantor	Due Date	Payment Due
WILLIE B.	Upon Receipt	199.15

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: 12/26/2023			Amount of Last Payment: -262.14	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILLIE B. ALSANDOR	BASHAR ZLEIK MD	ALSWI000	PAM REHAB	03/23/1947

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	MEDICARE		
10/25/23	99223	1ST HOSP IP/OBS HIGH 75		523.00			-143.35	-343.92	35.73
10/27/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-98.37	-236.11	24.52
10/30/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-98.37	-236.11	24.52
11/01/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-98.37	-236.11	24.52
11/03/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-98.37	-236.11	24.52
11/06/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-98.37	-236.11	24.52
11/07/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			-98.37	-236.11	24.52
11/08/23	99232	SBSQ HOSP IP/OBS MODERATE 35		239.00			-65.40	-157.30	16.30

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
199.15