



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

SHARON V. ANDERSON  
1930 KINGSLEY DR APT 3105  
PEARLAND, TX 77584-3771

(813)789-4193

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDSH001	1
Guarantor	Due Date	Payment Due
SHARON V.	Upon Receipt	45.00

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	

Date of Last Payment: 9/22/2022			Amount of Last Payment: -45.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SHARON V. ANDERSON	ZULFIQAR CHEEMA MD	ANDSH001		05/18/1953	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/27/22	99213	OFFICE VISIT EST/LEVEL 3		283.00		Patient Deductible	RENAISSA	-43.21	45.00
								-194.79	

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>45.00</b>