




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

CHERISE ALLEN  
10050 WESTPARK DR  
HOUSTON, TX 77042-5760

(346)243-6477

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLCH012	1
Guarantor	Due Date	Payment Due
CHERISE ALLEN	Upon Receipt	25.00

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:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHERISE ALLEN	BASHAR ZLEIK MD	ALLCH012		01/15/1968

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/28/22	99999	NO SHOW		25.00		Patient Deductible	RENAISSA		25.00

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>25.00</b>