

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

**BRIANA ALEXANDER** 1515 AUSTIN ST APT# 520 HOUSTON, TX 77002-7701

(832)806-9790

**Date of Last Payment:** 

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALEBR001	1	
Guarantor	Due Date	Payment Due	

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**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Amount of Last Payment: 0.00

Patient:		Re	ndering Physician:	Chart Number:	Place of Service:	Date of Birth:
BRIANA A	ALEXANDE	R BA	SHAR ZLEIK MD	ALEBR001	THE HEIGHTS	03/16/1988
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	UNITED	Adjustments Remainder
01/16/23	99999	NO SHOW	25.00	_	0.00	25.00

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

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If remitting payment via mail in check, Please include statement.

Amount Due

25.00