

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

**BEATRIZ ALVAREZ** 402 ELLAINE AVE APT 2 PASADENA, TX 77506-4542

Rendering Physician:

ZEID F. KARADSHEH MD

(346)556-7617

Date of Last Payment: 11/21/2024

Patient:

**BEATRIZ ALVAREZ** 

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALVBE001	1	
Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment	
or scan the QR Code	

Make Checks Payable To:

Date of Birth:

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

Place of Service:

Amount of Last Payment: -10.00

BEATRIZ	ALVAREZ	ZEID F. K	ARADSHEH MD	ALVBE001	CLS HEALTH	07/28/197	72
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Ambetter	Adjustments R	emainder
12/28/23	99203	OFFICE VIST NEW LEVEL 3	339.00	-5.00	-115.82	-223.18	-5.00
11/27/23	99999	NO SHOW	25.00		0.00		25.00

Chart Number:

ALVBE001

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

20.00