

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

MARIA G. ALVAREZ 13211 SCENIC GLADE DR HOUSTON, TX 77059-2839

(281)546-2256

Date of Last Payment: 5/22/2024

Patient:

| Statement Date | Invoice Number | Page        |  |
|----------------|----------------|-------------|--|
| 02/10/2025     | CLS ALVMA001   | 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: -106.14

| MARIA G  | . ALVAREZ | ABDELNA                   | SER ELKHALILI M | ID ALVMA001                           | CLS HEALTH        | 11/09/1953            |
|----------|-----------|---------------------------|-----------------|---------------------------------------|-------------------|-----------------------|
| Dates    | Procedure | Desciption                |                 | Paid By Applied to Patient Deductible | Paid by<br>BLUE   | Adjustments Remainder |
| 03/03/21 | G8484     | Flu immunize no admin     | 0.01            |                                       | 0.00              | 0.01                  |
| 04/16/21 | G8484     | Flu immunize no admin     | 0.01            |                                       | 0.00              | 0.01                  |
| 04/16/21 | G8417     | Calc bmi abv up param f/u | 0.01            |                                       | 0.00              | 0.01                  |
|          |           |                           |                 |                                       |                   |                       |
| Patient: |           | Rendering I               | Physician:      | Chart Number:                         | Place of Service: | Date of Birth:        |
| MARIA G  | . ALVAREZ | 2 MAAMOU                  | N A. HARMOUCH   | ALVMA001                              | CLS HEALTH        | 11/09/1953            |
|          |           |                           |                 | Paid By Applied to                    | Paid by           |                       |
| Dates    | Procedure | Desciption                | Modifier Charge | Patient Deductible                    | CASH              | Adjustments Remainder |
| 09/01/23 | 99215     | OFFICE VISIT EST/LEVEL 5  | 540.00          |                                       | 0.00              | 540.00                |
|          |           |                           |                 |                                       |                   |                       |
| Patient: |           | Rendering I               | Physician:      | Chart Number:                         | Place of Service: | Date of Birth:        |
| MARIA G  | . ALVAREZ | 2 MAAMOUN                 | N A. HARMOUCH   | ALVMA001                              | CLS HEALTH        | 11/09/1953            |
|          |           |                           |                 | Paid By Applied to                    | Paid by           | -                     |
| Dates    | Procedure | Desciption                | Modifier Charge | Patient Deductible                    |                   | Adjustments Remainder |
| 09/08/23 | 99213     | OFFICE VISIT EST/LEVEL 3  | 272.00          | -35.00                                | -68.05            | -178.95 -10.00        |

Chart Number:

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

Rendering Physician:

To make a payment online, go to cls.health/payment

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

Amount Due

530.03