




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

KHALID ALZWAHEREH
1 SIGNATURE POINT DR APT 402
LEAGUE CITY, TX 77573-6510

(310)666-6972

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZKH000	2
Guarantor	Due Date	Payment Due
KHALID	Upon Receipt	264.11

Pay Online	
Go to: cls.health/payment or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

04/01/24	52000	Cystoscopy		718.00	-252.90	-401.87	63.23
04/01/24	81003	Urinalysis auto w/o scope	QW	7.00	0.00	-4.07	2.93

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
264.11