



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

MICHAEL C. ALDAKKOUR
3814 SHADOW COVE DR
HOUSTON, TX 77082-5628

(832)607-4461

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDMI001	1
Guarantor	Due Date	Payment Due
MICHAEL C.	Upon Receipt	103.86

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	

Date of Last Payment: 3/19/2024			Amount of Last Payment: -82.77		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MICHAEL C. ALDAKKOUR	ABDULHADI M. AKHTAR MD	ALDMI001	CLS HEALTH	01/01/1952	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Paid by	Adjustments	Remainder
01/24/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00		-103.86	-19.71	-5.03	-258.40	103.86

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
103.86