

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

GUADALUPE ALDAPE 1150 MONROE ST ALVIN, TX 77511-2777

(281)832-4310

Date of Last Payment: 8/1/2023

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALDGU000	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: -569.94

GUADALUPE ALDAPE SUM		APE SUMIT TRIV	EDI NP	ALDGU000	CLEAR LAKE	11/05/1958	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by SELFPAY	Adjustments R	Remainder
11/06/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00	-410.14	205.86
11/07/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		0.00	-212.14	105.86
11/08/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		0.00	-212.14	105.86
11/09/21	99239	HOSPITAL DISCHARGE, LONG	327.00		0.00	-217.88	109.12
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Patient: Rendering F		Rendering Ph	nysician: Chart Number		: Place of Service:	Date of Birth:	
GUADAL	UPE ALDA	APE JUNEIGHT C	. ALCIVAR	ALDGU000 CLEAR LAKE		11/05/1958	
				Paid By Applied to	Paid by		
Dates	Oates Procedure Desciption Modifier Charge		Modifier Charge	Patient Deductible	SELFPAY	Adjustments Remainder	
11/08/21	99254	HOSPITAL CONSULT, LEVEL 4	377.00		0.00	-251.40	125.60
<u> </u>							
Patient:		Rendering Ph	nysician:	Chart Number:	: Place of Service:	Date of B	3irth:
GUADALUPE ALDAPE MAHMOOD		APE MAHMOOD I	DWEIK MD	ALDGU000	CLEAR LAKE	11/05/19	58
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments R	Remainder
11/23/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00	-410.76	205.24
11/24/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		0.00	-212.14	105.86
11/25/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		0.00	-212.14	105.86
11/26/21	99239	HOSPITAL DISCHARGE, LONG	327.00		0.00	-217.88	109.12
1							

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

Continued