



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

DYLAN E. ANDERSON  
13610 BUNDE ST  
SANTA FE, TX 77510-9087

(409)925-4294

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDDY000	1
Guarantor	Due Date	Payment Due
DYLAN E.	Upon Receipt	278.00

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

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DYLAN E. ANDERSON	MAHMOOD DWEIK MD	ANDDY000		08/10/1999	

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by CASH	Adjustments Remainder
06/14/23	95806	Sleep study unatt&resp efft	26	139.00		0.00	139.00
06/15/23	95806	Sleep study unatt&resp efft	26	139.00		0.00	139.00

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](https://cls.health/payment)

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

Amount Due
<b>278.00</b>