




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

GLORIA F. ALONZO
1400 EL CAMINO VILLAGE DR
APT 2407
HOUSTON, TX 77058-3064
(832)985-1187

Statement Date	Invoice Number	Page
02/10/2025	CLS ALOGL000	2
Guarantor	Due Date	Payment Due
GLORIA F.	Upon Receipt	1119.22

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	

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GLORIA F. ALONZO	ZULFIQAR CHEEMA MD	ALOGL000	CLS HEALTH	03/29/1964

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
06/23/22	93880	Extracranial bilat study		614.00	-61.42		-204.75	-409.25	-61.42

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GLORIA F. ALONZO	JIHAD M. HARMOUCHE MD	ALOGL000	CLS HEALTH	03/29/1964

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
11/14/22	99214	OFFICE VISIT EST/LEVEL 4		385.00			0.00	-135.00	250.00
11/28/22	99213	OFFICE VISIT EST/LEVEL 3		272.00			0.00	-22.00	250.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
GLORIA F. ALONZO	SHAFRAZ MOHAMMED MD	ALOGL000	CLEAR LAKE	03/29/1964

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
02/10/23	99223	INITIAL HOSPITAL/HIGH		523.00			-125.07	-344.33	53.60

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
1,119.22