



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

LAKESHIA D. ANDERSON  
2605 REED RD APT 3121  
HOUSTON, TX 77051-2567

(346)283-6194

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLA002	1
Guarantor	Due Date	Payment Due
LAKESHIA D.	Upon Receipt	25.00

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: 7/29/2022			Amount of Last Payment: -93.02		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LAKESHIA D. ANDERSON	MAHMOOD DWEIK MD	ANDLA002	CLS HEALTH	05/31/1989	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
07/12/22	99999	NO SHOW		25.00		Patient Deductible	EVERCARE		25.00

Have a question about your balance, or need to update your insurance information with us?

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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>25.00</b>