

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

ALICE M. ALMENDAREZ 1719 BONANZA RD HOUSTON, TX 77062-6007

(713)922-4934

Date of Last Payment: 3/28/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALMAL000	1	
Guarantor	Due Date	Payment Due	

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -6.84

Patient:		Rer	ndering Physician:	Chart Number:	Place of Service:	Date of Birth:
ALICE M.	. ALMENDA	AREZ AH	MED A. MORSY MD	ALMAL000	CLS HEALTH	10/20/1985
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments Remainder
01/23/23	99999	NO SHOW	25.00		0.00	25.00

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

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

Amount Due

25.00