



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

VINCENT C. AKORAH
15211 PARK ROW APT 527
HOUSTON, TX 77084-4142

(713)808-5445

Statement Date	Invoice Number	Page
02/10/2025	CLS AKOVI000	1
Guarantor	Due Date	Payment Due
VINCENT C.	Upon Receipt	17.19

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	

Date of Last Payment: 6/7/2024			Amount of Last Payment: -85.63		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
VINCENT C. AKORAH	MAZEN NOUREDDIN MD	AKOVI000	CLS HEALTH	01/22/1972	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
03/26/24	76981	Use parenchyma		311.00		Patient Deductible	BLUE	-225.05	17.19

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
17.19