




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

BARRY ALPHONSE  
1827 OAKWOOD COURT DR  
BAYTOWN, TX 77521-1994

(281)838-0633

Statement Date	Invoice Number	Page
02/10/2025	CLS ALPBA000	1
Guarantor	Due Date	Payment Due
BARRY	Upon Receipt	50.00

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:
BARRY ALPHONSE	ZEID F. KARADSHEH MD	ALPBA000	CLS HEALTH	04/04/1972

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/18/23	99999	NO SHOW		25.00		Patient Deductible	BCBS		25.00
08/17/24	99999	NO SHOW		25.00					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](https://cls.health/payment)

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

Amount Due
<b>50.00</b>