



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

IAN ALKIRE  
2108 BAILEY FRST  
SAN ANTONIO, TX 78253-4459

(573)433-6586

Statement Date	Invoice Number	Page
02/10/2025	CLS ALKIA000	1
Guarantor	Due Date	Payment Due
IAN ALKIRE	Upon Receipt	89.43

Pay Online	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 4/11/2024			Amount of Last Payment: -357.71		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
IAN ALKIRE	ROBERT A. DARLING MD	ALKIA000	CLEAR LAKE	04/12/1983	

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by TRICARE	Adjustments	Remainder
03/22/24	99223	1ST HOSP IP/OBS HIGH 75	57	521.00		-114.35	-378.06	28.59
03/22/24	41009	Drainage of mouth lesion		883.00		-189.09	-646.64	47.27
03/22/24	42140	Excision of uvula	52	507.00		-54.27	-439.16	13.57

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
89.43