



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

FRANK ACOSTA
10827 KIRKBEND DR
HOUSTON, TX 77089-3024

(281)717-0971

Statement Date	Invoice Number	Page
02/10/2025	CLS ACOFR000	2
Guarantor	Due Date	Payment Due
FRANK ACOSTA	Upon Receipt	1029.45

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	

11/15/21	99223	INITIAL HOSPITAL/HIGH	616.00	0.00	-410.76	205.24
11/19/21	99239	HOSPITAL DISCHARGE, LONG	327.00	0.00	-217.88	109.12

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
1,029.45