




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

ROSE ALEXANDER  
5105 AIRLINE DR APT 2311  
HOUSTON, TX 77022-2638

(346)760-9901

| Statement Date | Invoice Number | Page        |
|----------------|----------------|-------------|
| 02/10/2025     | CLS ALERO003   | 2           |
| Guarantor      | Due Date       | Payment Due |
| ROSE           | Upon Receipt   | 493.79      |

| Pay Online  |   |
|---|---|
| Go to: <a href="https://cls.health/payment">cls.health/payment</a><br>or scan the QR Code |  |
| Make Checks Payable To:   |   |
| CLS HEALTH PLLC<br>PO BOX 58538<br>Webster, TX 77598                                      |   |

|          |       |                          |        |        |         |       |
|----------|-------|--------------------------|--------|--------|---------|-------|
| 01/07/23 | 99239 | HOSPITAL DISCHARGE, LONG | 345.00 | -90.27 | -231.70 | 23.03 |
|----------|-------|--------------------------|--------|--------|---------|-------|

|                |                      |               |                   |                |
|----------------|----------------------|---------------|-------------------|----------------|
| Patient:       | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| ROSE ALEXANDER | NISARG PATEL MD      | ALERO003      | PAM REHAB         | 10/19/1944     |

| Dates    | Procedure | Description                | Modifier | Charge | Paid By Applied to Patient Deductible | Paid by WELCARE | Adjustments | Remainder |
|----------|-----------|----------------------------|----------|--------|---------------------------------------|-----------------|-------------|-----------|
| 01/08/23 | 99223     | INITIAL HOSPITAL/HIGH      | AI       | 523.00 |                                       | -136.66         | -351.48     | 34.86     |
| 01/09/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/10/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/11/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/12/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/13/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/14/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/15/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/16/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/17/23 | 99232     | HOSPITAL , SUBSEQUENT, MOD |          | 239.00 |                                       | -62.35          | -160.75     | 15.90     |
| 01/18/23 | 99239     | HOSPITAL DISCHARGE, LONG   |          | 345.00 |                                       | -90.27          | -231.70     | 23.03     |

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>493.79</b> |