

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

RICARDO ALANIZ 119 E DUMBLE ST ALVIN, TX 77511-3510

(832)435-2910

Date of Last Payment: 4/15/2021

	Statement Date	Invoice Number	Page	
	02/10/2025	CLS ALARI000	1	
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	Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -101.91

Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of	Birth:
RICARDO	O ALANIZ	CHARMAIN	E A. ENERIO	ALARI000	TRIUMPH/KIND	04/15/1	973
				Paid By Applied to	Paid by		
Dates	Procedure	e Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments	Remainder
02/26/21	99254	HOSPITAL CONSULT, LEVEL 4	377.00	-128.66	0.00	-248.34	128.66
02/27/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
02/28/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
03/01/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
03/02/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
03/03/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
03/04/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
03/05/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-60.60	0.00	-160.40	60.60
03/08/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-30.30	-30.30	-160.40	30.30
03/09/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-30.30	-30.30	-160.40	30.30
03/10/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-30.30	-30.30	-160.40	30.30
03/11/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-30.30	-30.30	-160.40	30.30
03/12/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	-30.30	-30.30	-160.40	30.30
Patient:		Rendering PI	hysician:	Chart Number:	Place of Service:	Date of	Birth:
RICARDO	O ALANIZ	SHAFRAZ N	MOHAMMED MD	ALARI000	TRIUMPH/KIND	04/15/1	973

					Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modif	er Charge	Patient Deductible	BLUE	Adjustments Remainder
02/26/21	99223	INITIAL HOSPITAL/HIGH	25	616.00	-132.42	-65.83	-417.75 132.42
02/26/21	G8427	Docrev cur meds by elig clin		0.01		0.00	0.01
02/27/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00	-50.95	-50.96	-216.09 50.95
02/28/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00	-50.95	-50.96	-216.09 50.95
03/01/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00	-101.91	0.00	-216.09 101.91

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

Continued