

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

JUAN P. ACOSTA FLORES 3705 CAMPBELL RD TRLR 33 HOUSTON, TX 77080-1305

(713)647-1012

Date of Last Payment: 2/3/2022

Statement Date	Invoice Number	Page	
02/10/2025	CLS ACOJU000	1	
Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -80.00

Patient: JUAN P.	ACOSTA F	Rendering F	Physician: MOHAMMED MD	Chart Number: ACOJU000	Place of Service: HOUSTON	Date of Bir 08/09/198	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments Re	mainder
05/11/21	99220	Observation, Initial - High Severity	559.00		-181.90	-372.69	4.41
05/12/21	99217	OBSERVATION DISCHARGE	222.00		-71.65	-147.95	2.40
Patient:		Rendering F	Physician:	Chart Number:	Place of Service:	Date of Bir	rth:
JUAN P.	ACOSTA F	LORES SHAFRAZ	MOHAMMED MD	ACOJU000	HOUSTON	08/09/1988	8
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments Re	mainder
07/22/21	99236	Hosp/Obs - Admit/Disch Same DayL	Level 660.00		-213.20	-440.09	6.71

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

13.52