



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

ROCHELLE O. AKPAFFIONG  
23630 RIMINI CT  
RICHMOND, TX 77406-5192

(281)433-6436

Statement Date	Invoice Number	Page
02/10/2025	CLS AKPRO000	1
Guarantor	Due Date	Payment Due
ROCHELLE O.	Upon Receipt	12.12

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

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ROCHELLE O.	TANYA REID FNP	AKPRO000	UTMB	04/17/1984

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/01/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		Patient Deductible	BLUE	-12.12	-48.48
								-160.40	12.12

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](https://cls.health/payment)

If remitting payment via mail in check, Please include statement.

Amount Due
12.12