

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

ELBERT W. ROBINSON 4601 NASA PKWY APT 110A SEABROOK, TX 77586-5523

(832)882-4384

Statement Date	Invoice Number	Page	
12/13/2024	CLS ROBEL002	1	
Guarantor	Due Date	Payment Due	

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Date of	Last Paym	ent: 8/28/2024		Amount of Last Payment: -110.91		
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birth:
ELBERT	W. ROBINS	SON MAHMOOD	DWEIK MD	ROBEL002	CLS HEALTH PLLC	08/06/1972
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	CASH	Adjustments Remainder
08/19/24	95811	Polysom 6/>yrs cpap 4/> parm	1,941.00	-30.00	0.00	-1,283.14 627.86
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birth:
ELBERT	W. ROBINS	SON REGINA PII	LLAI MD	ROBEL002	CLS HEALTH PLLC	08/06/1972
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	CASH	Adjustments Remainder
08/28/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-110.91	0.00	276.09

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

903.95