




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

ANGELICA B. ALBERTO GARCIA
13211 MYRNA LN
HOUSTON, TX 77015-1338

(832)946-3105

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALBAN002 | 2 |
| Guarantor | Due Date | Payment Due |
| ANGELICA B. | Upon Receipt | 7035.33 |

| Pay Online | |
|---|---|
| Go to: cls.health/payment or scan the QR Code |  |
| Make Checks Payable To: | |
| CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598 | |

| | | | | | |
|----------|-------|-------------------------------------|---------|------|----------|
| 07/24/24 | 87511 | Gardner vag dna amp probe | 105.00 | 0.00 | 105.00 |
| 07/24/24 | 87529 | HSV, DNA, AMP Probe | 210.00 | 0.00 | 210.00 |
| 07/24/24 | 87591 | N. gonorrhea dna amp probe | 105.00 | 0.00 | 105.00 |
| 07/24/24 | 87640 | Staph a dna amp probe | 105.00 | 0.00 | 105.00 |
| 07/24/24 | 87653 | Strep b dna amp probe | 105.00 | 0.00 | 105.00 |
| 07/24/24 | 87661 | Trichomonas vaginalis amplification | 105.00 | 0.00 | 105.00 |
| 07/24/24 | 87798 | Detect agent nos dna amp | 1,995.0 | 0.00 | 1,995.00 |

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 |
|-----------------|
| 7,035.33 |