



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

LACEY N. ALEXANDER  
1702 FAIRWIND RD  
HOUSTON, TX 77062-5433

(830)534-6934

Statement Date	Invoice Number	Page
02/10/2025	CLS ALELA001	1
Guarantor	Due Date	Payment Due
LACEY N.	Upon Receipt	40.63

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: 5/18/2023			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LACEY N. ALEXANDER	NISARG PATEL MD	ALELA001	UTMB	04/28/1992	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
04/15/23	99223	1ST HOSP IP/OBS HIGH 75	Q6	523.00		Patient Deductible	AETNA	-360.48	40.63

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
<b>40.63</b>