



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

KENNETH D. ALBERTS
1805 S EGRET BAY BLVD APT 2209
LEAGUE CITY, TX 77573-6086

(281)832-1097

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALBKE000 | 1 |
| Guarantor | Due Date | Payment Due |
| KENNETH D. | Upon Receipt | 53.00 |

| 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 | |

| Date of Last Payment: 3/12/2021 | | | Amount of Last Payment: -32.69 | | |
|---------------------------------|----------------------|---------------|--------------------------------|----------------|--|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: | |
| KENNETH D. ALBERTS | ROHIT R. DHIR MD | ALBKE000 | CLS HEALTH | 05/26/1959 | |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|---------------------|----------|---------|---------|--------------------|---------|-------------|-----------|
| 01/21/21 | 51728 | Cystometrogram w/vp | 52 | 1,178.0 | -97.00 | Patient Deductible | BLUE | -1,019.66 | 53.00 |

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 |
|--------------|
| 53.00 |