



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

RITA P. ACOSTA
2126 VICTORY ST
GALVESTON, TX 77551-1464

(409)744-3212

Statement Date	Invoice Number	Page
02/10/2025	CLS ACORI000	1
Guarantor	Due Date	Payment Due
RITA P. ACOSTA	Upon Receipt	212.21

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: 8/18/2022			Amount of Last Payment: -57.02	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RITA P. ACOSTA	NISARG PATEL MD	ACORI000	MAINLAND	08/26/1931

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	MEDICARE		
06/18/22	99223	INITIAL HOSPITAL/HIGH		609.00			-160.08	-409.03	39.89
06/19/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.60	-147.04	14.36
06/20/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.60	-147.04	14.36
06/22/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.60	-147.04	14.36
06/27/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.60	-147.04	14.36
06/29/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.60	-147.04	14.36
06/30/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.60	-147.04	14.36
07/01/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.02	-147.62	14.36
07/02/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.02	-147.62	14.36
07/03/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.02	-147.62	14.36
07/04/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.02	-147.62	14.36
07/05/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.02	-147.62	14.36
07/06/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00			-57.02	-147.62	14.36

Have a question about your balance, or need to update your insurance information with us?

Call 281-694-5986

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

Amount Due
212.21