




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

SUSAN D. ALCAYDE
3013 ROBINSON BLVD
TEXAS CITY, TX 77590-6834

(409)944-8225

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCSU000	1
Guarantor	Due Date	Payment Due
SUSAN D.	Upon Receipt	230.65

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:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SUSAN D. ALCAYDE	ALI EZZO MD	ALCSU000	CLEAR LAKE	05/15/1970

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	TMHP		
09/07/22	99254	HOSPITAL CONSULT, LEVEL 4		377.00			0.00	-251.34	125.66
09/09/22	99233	HOSPITAL, SUBSEQUENT, HIGH		315.00			0.00	-210.01	104.99

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
230.65