




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

ROBERT ALANIZ
955 MICHAEL DR
PASADENA, TX 77506-5012

(832)987-8204

Statement Date	Invoice Number	Page
02/10/2025	CLS ALARO000	1
Guarantor	Due Date	Payment Due
ROBERT ALANIZ	Upon Receipt	91.00

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: 11/30/2021			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ROBERT ALANIZ	ALI EZZO MD	ALARO000	CLEAR LAKE	12/05/1967	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
07/30/21	99253	HOSPITAL CONSULT, INITIAL LEVEL		273.00		Patient Deductible	SELF PAY	-182.00	91.00

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
91.00