



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

BENJAMIN J. ARCEMANT  
1919 13TH AVE N APT 257  
TEXAS CITY, TX 77590-5465

(979)418-3800

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCE001	1
Guarantor	Due Date	Payment Due
BENJAMIN J.	Upon Receipt	125.66

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:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
BENJAMIN J. ARCEMANT	ALI EZZO MD	ARCE001	UTMB	04/20/1992	
Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by SELF PAY Adjustments Remainder
11/29/22	99254	HOSPITAL CONSULT, LEVEL 4	377.00	0.00	-251.34 125.66

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>125.66</b>