

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

RAFAEL M. ARIZMENDEZ 219 EMPRESS DR HOUSTON, TX 77034-1501

(832)712-7688

Date of Last Payment: 9/13/2022

Statement Date	Invoice Number	Page	
02/10/2025	CLS ARIRA000	1	
Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -107.67

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Patient:		Re	ndering Phy	/sician:		Chart Number:	Place of Service:	Date of B	irth:
RAFAEL M. ARIZMENDEZ JAWDAT HA		WDAT HAF	DAT HAFEZ DPM		ARIRA000	CLS HEALTH	02/07/1956		
						Paid By Applied to	Paid by		
Dates	Procedure	Desciption	ı	Modifier	Charge	Patient Deductible	HUMANA	Adjustments R	tem ainde r
05/20/22	11042	Deb subq tissue 20 so	q cm/<	RT	187.00		-117.38	-49.62	20.00
Patient:		Re	ndering Phy	/sician:		Chart Number:	Place of Service:	Date of B	sirth:
RAFAEL M. ARIZMENDEZ JAWDAT HAFEZ DPM				Λ	ARIRA000		02/07/1956		
						Paid By Applied to	Paid by		
Dates	Procedure	Desciption	ı	Modifier	Charge	Patient Deductible	HUMANA	Adjustments R	tem ainde r
05/10/22	L3260	Ambulatory surgical be	oot eac	RT	45.00		-10.54	-31.82	2.64

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

22.64