



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

MIGUEL ARREDONDO
8820 DELEON ST
ROSHARON, TX 77583-7216

(281)595-2226

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRM1001	1
Guarantor	Due Date	Payment Due
MIGUEL	Upon Receipt	73.66

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:
MIGUEL ARREDONDO	MAAMOUN A. HARMOUCH	ARRMI001	CLEAR LAKE	12/03/1973

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/20/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		Patient Deductible	SELF PAY	-147.34	73.66

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

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

Amount Due
73.66