



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

LEOLA F. ARCHER  
7406 CANARY CIR  
TEXAS CITY, TX 77591-3652

(409)938-3932

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCLE000	1
Guarantor	Due Date	Payment Due
LEOLA F.	Upon Receipt	165.91

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: 12/6/2024			Amount of Last Payment: -74.29		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
LEOLA F. ARCHER	ROHIT R. DHIR MD	ARCLE000	CLS HEALTH	10/10/1939	

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by HUMANA	Adjustments	Remainder
06/22/22	A4215	Sterile needle		1.00			-0.80		0.20
06/22/22	J7030	Normal saline solution infus		8.00			-2.05	-5.44	0.51
07/31/23	74182	Mri abdomen w/dye		960.00	-15.00		-129.10	-650.90	165.00
07/31/23	A4215	Sterile needle		1.00			-0.80		0.20

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>165.91</b>