

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

BERKLEY M. ARCENEAUX 4706 KNOTTYNOLD LN HOUSTON, TX 77053-1106

(281)541-6865

Date of Last Payment: 12/19/2023

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCBE002	1
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Guarantor	Due Date	Payment Due

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -190.95

Patient: BERKLEY M. ARCENEAU	Rendering Physician: UX MOLHAM ALDEIRI MD	Chart Number ARCBE002	Place of Service: MEMORIAL	Date of Birth: 05/16/1948
Dates Procedure Des	sciption Modifier Charge	Paid By Applied to Patient Deductible	• • • •	Adjustments Remainder

				raid by Applicate	raiu by		
Dates	Procedure	Desciption	Modifier Charge Patient Deductible MEDICARE		MEDICARE	Adjustments Remainder	
08/31/23	99223	1ST HOSP IP/OBS HIGH 75	25	523.00	-136.78	-351.35	34.87
08/31/23	93306	Tte w/doppler complete	26	230.00	-54.17	-162.02	13.81

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

48.68