



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

RAFAEL ARCE
2701 MARYLAND AVE
LEAGUE CITY, TX 77573-8813

(832)820-9917

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCRA001	1
Guarantor	Due Date	Payment Due
RAFAEL ARCE	Upon Receipt	138.95

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:
RAFAEL ARCE	ROBERT A. DARLING MD	ARCRA001	CLS HEALTH	04/03/1963

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
01/02/24	99204	OFFICE VIST NEW LEVEL 4		503.00		-138.95	0.00	-364.05	138.95

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
138.95