




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

LATRISHA L. ALLEN
11101 GROVESHIRE DR
TEXAS CITY, TX 77591-7045

(409)916-3807

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLLA004	2
Guarantor	Due Date	Payment Due
LATRISHA L.	Upon Receipt	1567.60

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	

09/19/24	99232	SBSQ HOSP IP/OBS MODERATE 35	237.00	-53.53	-169.81	13.66
09/20/24	99232	SBSQ HOSP IP/OBS MODERATE 35	237.00	-53.53	-169.81	13.66

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
1,567.60