

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

FRANK L. ARCHER 13210 4TH 1/2 ST SANTA FE, TX 77510-7032

(409)440-5095

Date of Last Payment: 4/19/2022

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ARCFR001	1	
Guarantor	Due Date	Payment Due	

Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -82.57

	. ARCHER	REMY TEQW	/IMUAH I	MD	ARCFR001	UTMB	05/04/19	50
Dates	Procedure	Desciption	Modifier		Paid By Applied to Patient Deductible	Paid by MEDICARE	Adjustments F	Remainder
08/17/21	99223	INITIAL HOSPITAL/HIGH	Al	616.00		-164.19	-410.76	41.05
08/18/21	99232	HOSPITAL, SUBSEQUENT, MOD		221.00		-58.93	-147.34	14.73
08/19/21	99232	HOSPITAL, SUBSEQUENT, MOD		221.00		-58.93	-147.34	14.73
08/20/21	99239	HOSPITAL DISCHARGE, LONG		327.00		-87.30	-217.88	21.82
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of E	Birth:
FRANK L	. ARCHER	ALEJANDRO	RESTRI	EPO MI	O ARCFR001	UTMB	05/04/19	50
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier		Patient Deductible	•	Adjustments F	Remainder
Dates 03/04/22	Procedure 99222	Desciption HOSPITAL PRIMARY, INITIAL MOD	Modifier Al			MEDICARE	Adjustments F	Remainder 27.15
		•		Charge	Patient Deductible	MEDICARE 5 -108.60		
03/04/22	99222	HOSPITAL PRIMARY, INITIAL MOD		Charge 416.00	Patient Deductible -27.15	MEDICARE 5 -108.60 4 -82.57	-280.25	27.15
03/04/22	99222 99233	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL, SUBSEQUENT, HIGH		416.00 315.00	Patient Deductible -27.15 -20.64	MEDICARE 5 -108.60 4 -82.57	-280.25 -211.79	27.15 20.64
03/04/22	99222 99233	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL, SUBSEQUENT, HIGH	AI	416.00 315.00	Patient Deductible -27.15 -20.64	MEDICARE 5 -108.60 4 -82.57 4 -82.57	-280.25 -211.79	27.15 20.64 20.64
03/04/22 03/05/22 03/06/22 Patient:	99222 99233	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL, SUBSEQUENT , HIGH HOSPITAL, SUBSEQUENT , HIGH	AI nysician:	416.00 315.00 315.00	-27.15 -20.64	MEDICARE 5 -108.60 4 -82.57 4 -82.57	-280.25 -211.79 -211.79	27.15 20.64 20.64 Birth:
03/04/22 03/05/22 03/06/22 Patient:	99222 99233 99233	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, HIGH Rendering Ph	AI nysician:	416.00 315.00 315.00	Patient Deductible -27.15 -20.64 -20.64 Chart Number: ARCFR001	MEDICARE 5 -108.60 4 -82.57 4 -82.57 Place of Service: UTMB	-280.25 -211.79 -211.79 Date of E	27.15 20.64 20.64 Birth:
03/04/22 03/05/22 03/06/22 Patient:	99222 99233 99233	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, HIGH Rendering Ph	AI nysician: D J. BAB /	416.00 315.00 315.00	Patient Deductible -27.15 -20.64 -20.64 Chart Number:	MEDICARE 5 -108.60 4 -82.57 4 -82.57 Place of Service: UTMB Paid by	-280.25 -211.79 -211.79 Date of E	27.15 20.64 20.64 Birth:

Chart Number:

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

To make a payment online, go to cls.health/payment

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

Amount Due

181.40