



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

CYNTHIA A. ALCORN
4445 13TH ST UNIT B
BACLIF, TX 77518-2522

(281)793-5653

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCCY000	1
Guarantor	Due Date	Payment Due
CYNTHIA A.	Upon Receipt	88.30

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: 8/24/2021			Amount of Last Payment: -353.20		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CYNTHIA A. ALCORN	LUIGI TERMINELLA MD	ALCCY000	UTMB	02/20/1954	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
07/14/21	99291	CRITICAL CARE 1ST HOUR		678.00		Patient Deductible	MEDICARE	-457.25	44.15
07/15/21	99291	CRITICAL CARE 1ST HOUR		678.00				-457.25	44.15

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
88.30