

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

RHONDA K. ARNOLD 19 12TH AVE N TEXAS CITY, TX 77590-6342

(409)795-7694

Date of Last Payment: 1/12/2022

Statement Date	Invoice Number	Page	
02/10/2025	CLS ARNRH000	1	
Guarantor	Due Date	Payment Due	

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Amount of Last Payment: -50.09

Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of B	Birth:
RHONDA K. ARNOLD JUNEIGHT O		C. ALCIVAR ARNRH000		CLEAR LAKE	10/26/1969		
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption		Patient Deductible N	· · · · •	Adjustments R	Remainder
11/19/21	99222	HOSPITAL PRIMARY, INITIAL MOD	418.00	-23.69	-94.77	-299.54	23.69
11/22/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00	-18.00	-71.98	-228.02	18.00
11/23/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00	-18.00	-71.98	-228.02	18.00
11/24/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00	-18.00	-71.98	-228.02	18.00
Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of B	Birth:
RHONDA K. ARNOLD JUNEIGHT C.				10/26/1969			
	-						
1				Paid By Applied to	Paid by		
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible N	•	Adjustments R	Remainder
Dates 11/25/21		Desciption HOSPITAL PRIMARY, INITIAL MOD			MEDICARE	Adjustments R	Remainder 23.69
	99222	·	Modifier Charge	Patient Deductible N	-94.77		
11/25/21	99222 99232	HOSPITAL PRIMARY, INITIAL MOD	Modifier Charge 418.00	Patient Deductible N -23.69	-94.77 -50.09	-299.54	23.69
11/25/21 11/26/21	99222 99232 99232	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL , SUBSEQUENT, MOD	Modifier Charge 418.00 221.00	Patient Deductible N -23.69 -12.52	-94.77 -50.09 -50.09	-299.54 -158.39	23.69 12.52
11/25/21 11/26/21 11/27/21	99222 99232 99232 99232	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL , SUBSEQUENT, MOD HOSPITAL , SUBSEQUENT, MOD	Modifier Charge 418.00 221.00 221.00	-23.69 -12.52 -12.52	-94.77 -50.09 -50.09 -50.09	-299.54 -158.39 -158.39	23.69 12.52 12.52
11/25/21 11/26/21 11/27/21 11/29/21	99222 99232 99232 99232 99232	HOSPITAL , SUBSEQUENT, MOD HOSPITAL , SUBSEQUENT, MOD HOSPITAL , SUBSEQUENT, MOD	Modifier Charge 418.00 221.00 221.00 221.00	Patient Deductible N -23.69 -12.52 -12.52	-94.77 -50.09 -50.09 -50.09 -50.09	-299.54 -158.39 -158.39 -158.39	23.69 12.52 12.52 12.52
11/25/21 11/26/21 11/27/21 11/29/21 11/30/21	99222 99232 99232 99232 99232 99232	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL , SUBSEQUENT, MOD HOSPITAL , SUBSEQUENT, MOD HOSPITAL , SUBSEQUENT, MOD HOSPITAL , SUBSEQUENT, MOD	Modifier Charge 418.00 221.00 221.00 221.00 221.00	Patient Deductible N -23.69 -12.52 -12.52 -12.52	-94.77 -50.09 -50.09 -50.09 -50.09 -50.09	-299.54 -158.39 -158.39 -158.39 -158.39	23.69 12.52 12.52 12.52 12.52
11/25/21 11/26/21 11/27/21 11/29/21 11/30/21 12/01/21	99222 99232 99232 99232 99232 99232	HOSPITAL PRIMARY, INITIAL MOD HOSPITAL , SUBSEQUENT, MOD	Modifier Charge 418.00 221.00 221.00 221.00 221.00 221.00 221.00	Patient Deductible A -23.69 -12.52 -12.52 -12.52 -12.52 -12.52	-94.77 -50.09 -50.09 -50.09 -50.09 -50.09	-299.54 -158.39 -158.39 -158.39 -158.39 -158.39	23.69 12.52 12.52 12.52 12.52 12.52

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Amount Due

176.50