

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

ALMA D. ALDAPE 715 FM 1959 RD APT 1004 HOUSTON, TX 77034-5478

(281)919-8914

Statement Date	Invoice Number	Page
02/10/2025	CLS ALDAL000	2
,-		
Guarantor	Due Date	Payment Due

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

Patient:		Render	ing Physician:	Chart Number	Place of Ser	vice: Date of Birth:
ALMA D.	ALDAPE	ROBER	RT A. DARLING MD	ALDAL000	CLS HEALT	'H 12/01/1960
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Ambetter	Adjustments Remainder
10/17/23	31575	Diagnostic laryng oscopy	405.00		-86.09	-282.01 36.90

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

36.11