



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

CHARLENE M. ALVAREZ
1905 AVENUE O 1/2
GALVESTON, TX 77550-8052

(409)682-7738

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVCH000	1
Guarantor	Due Date	Payment Due
CHARLENE M.	Upon Receipt	1041.66

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 7/11/2023	Amount of Last Payment: -55.78
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHARLENE M. ALVAREZ	OMAR ALBUSTAMI MD	ALVCH000	UTMB	01/23/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TMHP	Adjustments	Remainder
02/19/23	99291	CRITICAL CARE 1ST HOUR		645.00			0.00	-424.72	220.28

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHARLENE M. ALVAREZ	LUIGI TERMINELLA MD	ALVCH000	UTMB	01/23/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
02/20/23	99291	CRITICAL CARE 1ST HOUR		645.00			0.00	-424.72	220.28
02/20/23	99292	CRITICAL CARE, 30 MIN		324.00			0.00	-213.30	110.70

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHARLENE M. ALVAREZ	ALI EZZO MD	ALVCH000	UTMB	01/23/1959

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
02/22/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			0.00	-236.40	122.60
02/23/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			0.00	-236.40	122.60
02/24/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			0.00	-236.40	122.60
02/21/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			0.00	-236.40	122.60

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Amount Due
1,041.66