

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

JAVIER ARROYO 7339 TREMPER ST HOUSTON, TX 77020-5434

(832)406-5841

Date of Last Payment: 7/22/2022

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ARRJA000	1	
Guarantor	Due Date	Payment Due	

Pay Online	
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: -397.55

JAVIER ARROYO		NISARG PATEL MD			ARRJA000	HARBOR	03/15/196	03/15/1964	
					Paid By Applied to				
Dates	Procedure	Desciption	Modifie	r Charge	Patient Deductible	MEDICARE	Adjustments R	emainder	
05/25/22	99223	INITIAL HOSPITAL/HIGH	GW	609.00		-163.03	-405.34	40.63	
05/26/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61	
05/27/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61	
05/28/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61	
05/29/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-58.63	-145.76	14.61	

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

99.07