

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

AGRIPINA ARIZPE GONZALEZ 1600 MAIN ST TRLR 18 LA MARQUE, TX 77568-5600

(409)655-7129

Date of Last Payment:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ARIAG000	1		
Guarantor	Due Date	Payment Due		

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Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: 0.00

Patient: Rendering Phy		ysician:	Chart Number:	Place of Service:	of Service: Date of Birth:		
AGRIPINA ARIZPE KAREEM GA		ADELMOLA MD ARIAG000		MAINLAND	10/08/1954		
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	TMHP	Adjustments F	Remainder
03/06/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5	495.00		0.00	-330.00	165.00

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

165.00