




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

CHERYL ARIASLAZO
1210 EL CAMINO VILLAGE DR
APT 3027
HOUSTON, TX 77058-6011
(832)969-9430

Statement Date	Invoice Number	Page
02/10/2025	CLS ARICH000	1
Guarantor	Due Date	Payment Due
CHERYL	Upon Receipt	274.42

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	

Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CHERYL ARIASLAZO	KAREEM GADELMOLA MD	ARICH000	HOUSTON	05/28/1996

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	TMHP		
02/25/23	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00			0.00	-343.18	151.82
02/26/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			0.00	-236.40	122.60

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
274.42