



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

VALENTIN ARREDONDO
4518 E 29TH
DICKINSON, TX 77539-5514

(281)332-3349

Statement Date	Invoice Number	Page
02/10/2025	CLS ARRVA000	1
Guarantor	Due Date	Payment Due
VALENTIN	Upon Receipt	343.82

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:	
VALENTIN ARREDONDO	MAHMOOD DWEIK MD	ARRVA000	CLEAR LAKE	07/03/1956	

Dates	Procedure	Description	Modifier Charge	Paid By Applied to Patient Deductible	Paid by ALLIED	Adjustments	Remainder
12/08/23	99223	1ST HOSP IP/OBS HIGH 75	523.00	-146.51	0.00	-376.49	146.51
12/09/23	99233	SBSQ HOSP IP/OBS HIGH 50	359.00	-100.53	0.00	-258.47	100.53
12/10/23	99239	HOSP IP/OBS DSCHRG MGMT >30	345.00	-96.78	0.00	-248.22	96.78

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
343.82