




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

RHONDA K. ARNOLD
19 12TH AVE N
TEXAS CITY, TX 77590-6342

(409)795-7694

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNRH000	1
Guarantor	Due Date	Payment Due
RHONDA K.	Upon Receipt	176.50

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment:	1/12/2022	Amount of Last Payment:	-50.09
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RHONDA K. ARNOLD	JUNEIGHT C. ALCIVAR	ARNRH000	CLEAR LAKE	10/26/1969

Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
11/19/21	99222	HOSPITAL PRIMARY, INITIAL MOD	418.00		-23.69	-94.77	-299.54	23.69
11/22/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-18.00	-71.98	-228.02	18.00
11/23/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-18.00	-71.98	-228.02	18.00
11/24/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-18.00	-71.98	-228.02	18.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
RHONDA K. ARNOLD	JUNEIGHT C. ALCIVAR	ARNRH000	CLEAR LAKE	10/26/1969

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11/25/21	99222	HOSPITAL PRIMARY, INITIAL MOD	418.00		-23.69	-94.77	-299.54	23.69
11/26/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		-12.52	-50.09	-158.39	12.52
11/27/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		-12.52	-50.09	-158.39	12.52
11/29/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		-12.52	-50.09	-158.39	12.52
11/30/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		-12.52	-50.09	-158.39	12.52
12/01/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		-12.52	-50.09	-158.39	12.52
12/03/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		-12.52	-50.09	-158.39	12.52

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Amount Due
176.50