

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

ADAN ALVAREZ 221 MORRELL ST BAYTOWN, TX 77520-2619

(832)883-2655

Date of Last Payment: 10/19/2022

09/15/22

55250

Removal of sperm duct(s)

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALVAD002	1	
Guarantor	Due Date	Payment Due	

Pay Online	
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Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

-213.90

Amount of Last Payment: -213.90

ADAN ALVAREZ		Rendering Physician: ROHIT R. DHIR MD		Chart Number: ALVAD002	Place of Service: CLS HEALTH	03/02/1984	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by CIGNA	Adjustments R	emainder
07/19/22	99204	OFFICE VIST NEW LEVEL 4	521.00	-42.40	-107.60	-386.50	-15.50
Patient: ADAN AL	-VAREZ	Rendering Physician: ROHIT R. DHIR MD		Chart Number: ALVAD002	Place of Service: BAY AREA	Date of Birth: 03/02/1984	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by CIGNA	Adjustments R	emainder

711.00

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

-443.63

53.47

37.97