



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

REINER ALVAREZ MARICHAL  
9430 CONCOURSE DR APT 1417  
HOUSTON, TX 77036-7623

(832)785-4779

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVRE001	1
Guarantor	Due Date	Payment Due
REINER	Upon Receipt	33.43

Pay Online	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 9/9/2022			Amount of Last Payment: -300.95		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
REINER ALVAREZ	NISARG PATEL MD	ALVRE001	HCA	03/15/1988	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/21/22	99223	INITIAL HOSPITAL/HIGH		609.00		Patient Deductible	BRIGHT	-390.95	21.80
08/22/22	99239	HOSPITAL DISCHARGE, LONG		324.00				-207.67	11.63

Have a question about your balance, or need to update your insurance information with us?

Call 281-694-5986

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If remitting payment via mail in check, Please include statement.

Amount Due
<b>33.43</b>