



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

JUAN C. ALVAREZ MCRUBLE
2757 BRIARGROVE DR APT 411
HOUSTON, TX 77057-5209

(281)967-1640

Statement Date	Invoice Number	Page
02/10/2025	CLS ALVJU002	1
Guarantor	Due Date	Payment Due
JUAN C.	Upon Receipt	87.66

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Date of Last Payment:			Amount of Last Payment: 0.00	
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JUAN C. ALVAREZ	NISARG PATEL MD	ALVJU002	HARBOR	10/14/1948

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	MEDICARE		
05/23/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	-145.76	14.61
05/25/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	-145.76	14.61
05/26/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	-145.76	14.61
05/27/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	-145.76	14.61
05/28/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	-145.76	14.61
05/29/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	-145.76	14.61

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

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

Amount Due
87.66