

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

ADAM BACOT 3002 DIMROD ST BACLIFF, TX 77518-2039

(281)245-4094

Date of Last Payment:

Statement Date	Invoice Number	Page	
02/10/2025	CLS BACAD000	1	
Guarantor	Due Date	Payment Due	

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

Amount of Last Payment: 0.00

Patient: Rendering F		Physician: Chart Number:		Place of Servic	e: Date of	Date of Birth:		
ADAM BACOT		REMY TEQWIMUAH MD		BACAD000	UTMB	12/24/1	12/24/1983	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments	Remainder	
03/25/22	99236	Hosp/Obs - Admit/Disch Same Day Level	651.00		0.00	-434.02	216.98	

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

216.98