



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

JOY L. ARNALL
1111 BAYSHORE DR APT 316
LA PORTE, TX 77571-5890

(281)923-0661

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ARNJO000 | 1 |
| Guarantor | Due Date | Payment Due |
| JOY L. ARNALL | Upon Receipt | 25.00 |

| 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 | |

| | | | |
|-----------------------|-----------|-------------------------|---------|
| Date of Last Payment: | 1/31/2022 | Amount of Last Payment: | -342.91 |
|-----------------------|-----------|-------------------------|---------|

| | | | | |
|---------------|----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| JOY L. ARNALL | MAHMOOD DWEIK MD | ARNJO000 | CLS HEALTH | 10/17/1948 |

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by HUMANA | Adjustments | Remainder |
|----------|-----------|-------------|----------|--------|-----------------|-----------------------|----------------|-------------|-----------|
| 08/15/22 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 25.00 |

| | | | | |
|---------------|----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| JOY L. ARNALL | MAHMOOD DWEIK MD | ARNJO000 | CLS HEALTH | 10/17/1948 |

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by HUMANA | Adjustments | Remainder |
|----------|-----------|-------------------------------|----------|---------|-----------------|-----------------------|----------------|-------------|-----------|
| 11/17/21 | 95811 | Polysom 6/> yrs cpap 4/> parm | 26 | 393.00 | -175.00 | | -123.01 | -269.99 | -175.00 |
| 11/17/21 | 95811 | Polysom 6/> yrs cpap 4/> parm | TC | 1,590.0 | | | -342.91 | -1,072.09 | 175.00 |

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 |
|--------------|
| 25.00 |