



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

CONSEPCION AMBRIZ
16202 DIANA LN APT 329
HOUSTON, TX 77062-5323

(832)894-5388

Statement Date	Invoice Number	Page
02/10/2025	CLS AMBCO000	2
Guarantor	Due Date	Payment Due
CONSEPCION	Upon Receipt	1623.89

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	

02/16/23	99232	SBSQ HOSP IP/OBS MODERATE 35	239.00	0.00	-165.95	73.05
02/17/23	99239	HOSP IP/OBS DSCHRG MGMT >30	345.00	0.00	-237.08	107.92

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
1,623.89