

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

MONICA V. ARROYO 1802 OAKLAND CIR PEARLAND, TX 77581-6158

Rendering Physician:

(832)273-6343

Date of Last Payment: 11/14/2024

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ARRMO000	1		
Guarantor	Due Date	Payment Due		

Pay Online	
Go to: cls.health/payment or scan the QR Code	

**Make Checks Payable To:** 

Date of Birth:

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -364.69

MONICA	V. ARROY	O JACQUE	LINE M. WEGGE ME	ARRMO00	0	CLS HE	ALTH	07/11/19	82
				Paid By Applied		Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deducti	ole /	Ambetter		Adjustments F	Remainder
01/15/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-35.00 -1	29.00	0.00		-258.00	94.00

Chart Number:

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

94.00