

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

CADDIE ASHELMAN 1014 ALBANY ST TRLR 24 WEST ORANGE, TX 77630-6566

(409)474-1595

Date of Last Payment: 3/19/2024

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHCA001	1
Guarantor	Due Date	Payment Due

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
CADDIE ASHELMAN	ROBERT A. DARLING MD	ASHCA001	CLS HEALTH	10/15/1974
		Paid By Applied to	Paid by	
Dates Procedure	Desciption Modifier Char	ge Patient Deductible	United	Adjustments Remainder

				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	United	Adjustments Remainder
03/19/24	31231	Nasal endoscopy dx	562.00	-159.25	0.00	-402.75 159.25

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

159.25