



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

CATHERINE R. ARMSTRON
2405 INTREPID WAY
LEAGUE CITY, TX 77573-2829

(281)757-6027

Statement Date	Invoice Number	Page
02/10/2025	CLS ARMCA002	1
Guarantor	Due Date	Payment Due
CATHERINE R.	Upon Receipt	10.00

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: 4/1/2024			Amount of Last Payment: -112.45		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CATHERINE R. ARMSTRON	AMANDA G. JOHNSON NP	ARMCA002	CLS HEALTH	05/14/2001	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/27/24	99244	OFFICE CONSULTATION/LEVEL 4		374.00	-40.00		-112.45	-236.55	-15.00
04/08/24	99999	NO SHOW		25.00			0.00		25.00

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
10.00