



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

JESSICA ARREDONDO  
2102 YACHT HARBOR LN  
LEAGUE CITY, TX 77573-5314

(832)573-3455

| Statement Date | Invoice Number | Page        |
|----------------|----------------|-------------|
| 02/10/2025     | CLS ARRJE003   | 1           |
| Guarantor      | Due Date       | Payment Due |
| JESSICA        | Upon Receipt   | 25.00       |

| Pay Online  |   |
|---|---|
| Go to: <a href="https://cls.health/payment">cls.health/payment</a><br>or scan the QR Code |  |
| Make Checks Payable To:   |   |
| CLS HEALTH PLLC<br>PO BOX 58538<br>Webster, TX 77598                                      |   |

| Date of Last Payment: 8/1/2024 |                      |               | Amount of Last Payment: -82.60 |                |  |
|--------------------------------|----------------------|---------------|--------------------------------|----------------|--|
| Patient:                       | Rendering Physician: | Chart Number: | Place of Service:              | Date of Birth: |  |
| JESSICA ARREDONDO              | DANNY M. MOUNIR MD   | ARRJE003      | CLS HEALTH                     | 09/30/1975     |  |

| Dates    | Procedure | Description | Modifier | Charge | Paid By | Applied to         | Paid by | Adjustments | Remainder |
|----------|-----------|-------------|----------|--------|---------|--------------------|---------|-------------|-----------|
| 12/28/23 | 99999     | NO SHOW     |          | 25.00  |         | Patient Deductible | UMR     |             | 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](https://cls.health/payment)

If remitting payment via mail in check, Please include statement.

| Amount Due   |
|--------------|
| <b>25.00</b> |