



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

COLVIN M. ARNOLD
6720 HIGHWAY 1765
TEXAS CITY, TX 77591-3864

(409)888-0143

Statement Date	Invoice Number	Page
02/10/2025	CLS ARNCO000	1
Guarantor	Due Date	Payment Due
COLVIN M.	Upon Receipt	165.00

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:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
COLVIN M. ARNOLD	KAREEM GADELMOLA MD	ARNCO000	MAINLAND	08/12/1974

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/17/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		Patient Deductible	TMHP	-330.00	165.00

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
165.00