

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

MD S. ALAM 4113 OAK POINT DR PEARLAND, TX 77581-5424

Rendering Physician:

REGINA PILLAI MD

Have a question about your balance, or need to update your insurance information with us?

(713)340-9072

Date of Last Payment: 6/8/2023

Patient:

MD S. ALAM

Call 281-694-5986

To make a payment online, go to cls.health/payment

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

Statement Date	Invoice Number	Page 1	
02/10/2025	CLS ALAMD000		
Guarantor	Due Date	Payment Due	
MD S. ALAM	Upon Receipt	6.92	

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

Make Checks Payable To:

Date of Birth:

03/07/1959

Amount Due

6.92

Amount of Last Payment: -184.42

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

CLS HEALTH

Paid by

				raid by Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Friday	Adjustments Remainder	
03/21/22	99215	OFFICE VISIT EST/LEVEL 5	25 563.00	-34.96	-195.89	-347.11	-14.96
05/13/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-20.00	-215.89	-347.11	-20.00
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	irth:
MD S. AL	-AM	REGINA PILLAI MD		ALAMD000	CLS HEALTH 03/07/1959		59
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Friday	Adjustments Remainder	
02/14/22	94060	Evaluation of wheezing	123.00		-42.31	-75.99	4.70
02/14/22	94726	Pulm funct tst plethysmog rap	172.00		-59.22	-106.20	6.58
02/14/22	94729	Co/membane diffuse capacity	185.00		-63.69	-114.23	7.08
02/14/22	J7613	Albuterol non-comp unit	2.00		-0.75	-1.17	0.08
03/21/22	94060	Evaluation of wheezing	123.00		-42.31	-75.99	4.70
03/21/22	94726	Pulm funct tst plethysmog rap	172.00		-59.22	-106.20	6.58
03/21/22	94729	Co/membane diffuse capacity	185.00		-63.69	-114.23	7.08
03/21/22	J7613	Albuterol non-comp unit	2.00		-0.75	-1.17	80.0
Patient: Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
MD S. ALAM REGINA R. PILLAI MD		ALAMD000	CLS HEALTH	03/07/1959			
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Friday	Adjustments Remainder	
03/16/22	71046	X-ray exam chest 2 views	107.00	-20.00	-15.87	-66.13	5.00

Chart Number:

ALAMD000

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