

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

AMY L. ALLEN 1404 WATERSIDE DR LEAGUE CITY, TX 77573-0860

Rendering Physician:

(281)549-7096

Date of Last Payment: 11/20/2024

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALLAM000	1	
Guarantor	Due Date	Payment Due	

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Date of Birth:

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -45.00

AMY L. A	LLEN	RUDY LOZ	ANO CARREON N	MD ALLAM000	CLS HEALTH	10/05/19	79
Dates	Procedure	Desciption	Modifier Charge	Paid By Applied to Patient Deductible		Adjustments F	Remainder
09/14/23	99205	OFFICE VIST NEW LEVEL 5	664.00	-29.91	-355.56	-263.09	15.44
10/12/23	99214	OFFICE VISIT EST/LEVEL 4	385.00		-103.17	-255.51	26.32
10/12/23	90833	Psytx w pt w e/m 30 min	214.00		-55.84	-143.92	14.24
01/11/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-100.00	-101.14	-260.06	-74.20
01/11/24	90833	Psytx w pt w e/m 30 min	217.00		-56.79	-145.72	14.49
Patient:		Rendering I	Physician:	Chart Number:	: Place of Service:	Date of E	Birth:
AMY L. A	LLEN	RUDY LOZ	ANO CARREON N	MD ALLAM000	CLS HEALTH	10/05/19	79
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE	Adjustments F	Remainder
11/15/23	99214	OFFICE VISIT EST/LEVEL 4	95 385.00		-103.17	-255.51	26.32
11/15/23	90833	Psytx w pt w e/m 30 min	95 214.00		-55.84	-143.92	14.24
12/13/23							
12/10/20	99215	OFFICE VISIT EST/LEVEL 5	95 540.00	-66.72	-144.59	-358.53	-29.84
12/13/23	99215 90833	OFFICE VISIT EST/LEVEL 5 Psylx w pt w e/m 30 min	95 540.00 95 214.00		-144.59 -55.84	-358.53 -143.92	-29.84 14.24
12/13/23	90833	Psytx w pt w e/m 30 min	95 214.00	-29.91	-55.84	-143.92	14.24
12/13/23 02/07/24	90833 99214	Psytx w pt w e/m 30 min OFFICE VISIT EST/LEVEL 4	95 214.00 95 387.00	-29.91	-55.84 -101.14	-143.92 -260.06	14.24 -4.11

Chart Number:

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

31.63