

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

DOROTHY ALLEN 2414 BROAD ST BAYTOWN, TX 77521-1264

(281)426-3045

Date of Last Payment:

10/15/21

10/16/21

10/17/21 99233

99291

99233

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALLDO001	1	
Guarantor	Due Date	Payment Due	

Upon Receipt

DOROTHY ALLEN

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

1939.61

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

0.00

0.00

0.00

Amount of Last Payment: 0.00

Patient: Rendering Physician:			Chart Number:	Place of Service:	Date of Birth:			
DOROTH	DROTHY ALLEN ALEJANDRO RESTREPO M		EPO M	D ALLDO001	UTMB	01/12/1960		
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	TMHP	Adjustments F	Remainder
10/10/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82
Patient:	Patient: Rendering Physician:		Chart Number:	Place of Service: Date		3irth:		
DOROTH	IY ALLEN	MOHAMMAD J. BABA MD		ALLDO001	UTMB	01/12/1960		
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	SELFPAY	Adjustments F	Remainder
10/10/21	99292	CRITICAL CARE, 30 MIN		680.00		0.00	-566.53	113.47
10/11/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00		0.00	-212.14	105.86
10/12/21	99233	HOSPITAL, SUBSEQUENT, HIGH	25	318.00		0.00	-212.14	105.86
10/12/21	31623	Dx bronchoscope/brush		413.00		0.00	-275.44	137.56
10/18/21	99233	HOSPITAL, SUBSEQUENT, HIGH		318.00		0.00	-212.14	105.86
<u> </u>								
Patient: Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:				
DOROTHY ALLEN LUIGI TERMINELLA MD		ALLDO001	UTMB	01/12/1960				
					Paid By Applied to	Paid by		
Dates	Procedure			Patient Deductible	SELFPAY	Adjustments Remainder		
10/13/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82
10/14/21	99291	CRITICAL CARE 1ST HOUR		678.00		0.00	-388.18	289.82

678.00

318.00

318.00

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.

CRITICAL CARE 1ST HOUR

HOSPITAL, SUBSEQUENT, HIGH

HOSPITAL, SUBSEQUENT, HIGH

Amount Due

-388.18

-212.14

-212.14

289.82

105.86

105.86

1,939.61