

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

TANYA L. ADAMS 6126 HIGHLAND RD SANTA FE, TX 77517-3141

(979)218-2576

Date of Last Payment: 12/17/2021

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ADATA000	1		
Guarantor	Due Date	Payment Due		

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

Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -112.88

ADAMS	MOHAMMAD J. BABA MD		MOHAMMAD J. BABA MD ADATA000		UTMB	09/25/1	09/25/1969	
Procedure	Desciption	Modifier (Paid by BLUE	Adjustments	Remainder	
99233	HOSPITAL, SUBSEQUENT, HIGH	•	318.00	-101.91	0.00	-216.09	101.91	
99291	CRITICAL CARE 1ST HOUR	25	678.00	-218.42	0.00	-459.58	218.42	
99292	CRITICAL CARE, 30 MIN	25	340.00	-109.56	0.00	-230.44	109.56	
31500	Insert emergency airway		442.00	-134.96	0.00	-307.04	134.96	
99291	CRITICAL CARE 1ST HOUR		678.00	-218.42	0.00	-459.58	218.42	
99291	CRITICAL CARE 1ST HOUR		678.00	-218.42	0.00	-459.58	218.42	
	99233 99291 99292 31500 99291	Procedure Desciption 99233 HOSPITAL, SUBSEQUENT, HIGH 99291 CRITICAL CARE 1ST HOUR 99292 CRITICAL CARE, 30 MIN 31500 Insert emergency airway 99291 CRITICAL CARE 1ST HOUR	Procedure Desciption Modifier Company Hospital, Subsequent, High 99291 CRITICAL CARE 1ST HOUR 25 99292 CRITICAL CARE, 30 MIN 25 31500 Insert emergency airway 99291 CRITICAL CARE 1ST HOUR	Procedure Desciption Modifier Charge 99233 HOSPITAL, SUBSEQUENT, HIGH 318.00 99291 CRITICAL CARE 1ST HOUR 25 678.00 99292 CRITICAL CARE, 30 MIN 25 340.00 31500 Insert emergency airway 442.00 99291 CRITICAL CARE 1ST HOUR 678.00	Procedure Desciption Modifier Charge Paid By Patient Deductible 99233 HOSPITAL, SUBSEQUENT, HIGH 318.00 -101.91 99291 CRITICAL CARE 1ST HOUR 25 678.00 -218.42 99292 CRITICAL CARE, 30 MIN 25 340.00 -109.56 31500 Insert emergency airway 442.00 -134.96 99291 CRITICAL CARE 1ST HOUR 678.00 -218.42	Procedure Desciption Modifier Charge Paid By Patient Deductible Paid by BLUE 99233 HOSPITAL, SUBSEQUENT, HIGH 318.00 -101.91 0.00 99291 CRITICAL CARE 1ST HOUR 25 678.00 -218.42 0.00 99292 CRITICAL CARE, 30 MIN 25 340.00 -109.56 0.00 31500 Insert emergency airway 442.00 -134.96 0.00 99291 CRITICAL CARE 1ST HOUR 678.00 -218.42 0.00	Procedure Desciption Modifier Charge Paid By Applied to Paid by Patient Deductible Paid BUE Adjustments 99233 HOSPITAL, SUBSEQUENT, HIGH 318.00 -101.91 0.00 -216.09 99291 CRITICAL CARE 1ST HOUR 25 678.00 -218.42 0.00 -459.58 99292 CRITICAL CARE, 30 MIN 25 340.00 -109.56 0.00 -230.44 31500 Insert emergency airway 442.00 -134.96 0.00 -307.04 99291 CRITICAL CARE 1ST HOUR 678.00 -218.42 0.00 -459.58	

Chart Number:

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

Amount Due

1,001.69