



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

MILES L. ADAMSON
134 CRAWSHAW LN
WEST, TX 76691-2502

(254)716-7009

Statement Date	Invoice Number	Page
02/10/2025	CLS ADAMI000	1
Guarantor	Due Date	Payment Due
MILES L.	Upon Receipt	42.60

Pay Online	
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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:	
MILES L. ADAMSON	SHAFRAZ MOHAMMED MD	ADAMI000	HOUSTON	02/05/1958	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	BLUE		
05/11/21	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00		-27.32	-154.84	-312.84	27.32
05/12/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00		-15.28	-86.63	-216.09	15.28

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
42.60