

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

VICTORIA T. ALADESAE 14114 HARMONY RIDGE TRL PEARLAND, TX 77584-5290

(281)854-9490

Date of Last Payment: 5/23/2024

Dates

Call 281-694-5986

Procedure Desciption

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		
02/10/2025	CLS ALAVI000	1		
Guarantor	Due Date	Payment Due		

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

Make Checks Payable To:

Adjustments Remainder

Amount Due

Continued

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -3.14

Patient: Rendering Physician:				Chart Number: Place of Service: Date of Birth:			irth:	
•			. JONNA MD		ALAVI000	CLS HEALTH	12/09/1952	
Dates	Procedure	Desciption	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by	Adjustments R	em ainder
03/20/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00		-80.89	-417.11	-33.26
06/27/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00		-60.80	-319.20	-21.96
06/27/23	20610	Drain/inj joint/bursa w/o us	LT	197.00	-2.09	-252.00	71.80	14.71
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of B	irth:
VICTORI/	A T. ALADI	ESAE VENKATA K	. JONNA	. MD	ALAVI000	CLS HEALTH	12/09/19	52
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	,	Adjustments R	lem ainde r
03/05/24	73551	X-ray exam of femur 1		88.00		-17.53	-64.62	5.85
03/05/24	73565	X-ray exam of knees		119.00		-23.84	-87.21	7.95
04/09/24	73562	X-ray exam of knee 3		122.00		-24.84	-88.88	8.28
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of B	irth:
VICTORIA	A T. ALADI	ESAE VENKATA K	. JONNA	. MD	ALAVI000	CLEAR LAKE	12/09/19	52
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	Ambetter	Adjustments R	lem ainde r
03/28/24	27447	Total knee arthroplasty	LT	3,981.0		-945.56	-2,720.25	315.19
Patient:		Rendering Ph	wsician.		Chart Number:	Place of Service:	Date of B	
	A T. ALADI	•	•	/ID	ALAVI000	CLEAR LAKE	12/09/19	
					Paid By Applied to	Paid by		

Modifier Charge Patient Deductible Ambetter

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