

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

REBECCA L. ALEMAN 2802 W BAY AREA BLVD APT 2014 WEBSTER, TX 77598-3123

Rendering Physician:

(832)866-1727

Date of Last Payment: 11/4/2024

Procedure Desciption

Insert tunneled cy cath

Us guide vascular access

Patient:

Dates

04/03/24

04/03/24

36561

76937

Statement Date	Invoice Number	Page		
02/10/2025	CLS ALERE000	1		
Guarantor	Due Date	Payment Due		

Pay Online Go to: cls.health/payment

or scan the QR Code



-83.54 Date of Birth:

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment:

Place of Service:

REBECC	A L. ALEM	AN JACQUELI	NE M. W	/EGGE MD	ALERE000	BAYSHORE	07/31/19	87
Dates	Procedure	Desciption	Modifi		Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments ^l	Remainder
02/09/24	19301	Partial mastectomy	RT	2,077.0		-226.87	-1,774.51	75.62
02/09/24	76098	X-ray exam surgical specimen	26	50.00		-9.15	-37.80	3.05
02/09/24	19316	Suspension of breast	RT	2,450.0		-544.07	-1,724.57	181.36
02/09/24	38525	Biopsy/removal lymph nodes	RT	1,386.0		-151.55	-1,183.93	50.52
02/09/24	38900	lo map of sent lymph node	RT	429.00		-93.08	-304.89	31.03
Patient: Rendering Physi			Physicia	n:	Chart Number:	Place of Service:	Date of I	Birth:
REBECC	A L. ALEM	AN JACQUELI	NE M. W	EGGE MD	ALERE000	BAYSHORE	07/31/19	87

Modifier Charge Patient Deductible

1,011.0

45.00

78

26

Paid By Applied to

-87.75

Paid by

BLUE

-168.69

-8.54

Chart Number:

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

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If remitting payment via mail in check, Please include statement.

Amount Due

Adjustments Remainder

-31.52

2.85

-786.08

-33.61

312.91