

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

LAURA R. ALCAZAR 675 MILES RD TRLR 35 BACLIFF, TX 77518-2071

(361)243-0583

Statement Date	Invoice Number	Page
02/10/2025	CLS ALCLA000	2
Guarantor	Due Date	Payment Due
LAURA R.	Upon Receipt	8.57

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**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

09/25/23	80307	Drug test prsmv chem anlyzr	186.00	-23.30		-154.93	7.77
11/21/23	80307	Drug test prsmv chem anlyzr	186.00		-23.30	-154.93	7.77
01/22/24	80307	Drug test prsmv chem anlyzr	186.00		-23.30	-154.93	7.77
01/22/24	G0483	Drug test def 22+ classes	741.00		-92.59		30.87
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of B	Birth:
LAURA R	R. ALCAZAI	R MOUSTAI	FA M. AHMED MD	ALCLA000	CLS HEALTH	08/18/19	75
			ı	Paid By Applied to	Paid by		
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	•	Adjustments R	Remainder
<b>Dates</b> 12/29/23	Procedure 72148	<b>Desciption</b> Mri lumbar spine w/o dye			•	Adjustments R	Remainder -10.31
			Modifier Charge	Patient Deductible	Ambetter		
		Mri lumbar spine w/o dye	Modifier Charge	Patient Deductible	Ambetter -123.61		-10.31
12/29/23 Patient:		Mri lumbar spine wo dye  Rendering	Modifier Charge 602.00	Patient Deductible .51.51	Ambetter -123.61	-437.19	-10.31 Birth:

Procedure	Desciption	Modifier Charge	Patient Deductible	Ambetter	Adjustments Rem	ainder
73030	X-ray exam of shoulder	105.00		-21.56	-76.25	7.19
73502	X-ray exam hip uni 2-3 views	143.00		-29.21	-104.05	9.74
_	73030	73030 X-ray exam of shoulder	73030 X-ray exam of shoulder 105.00	73030 X-ray exam of shoulder 105.00	73030 X-ray exam of shoulder 105.00 -21.56	73030 X-ray exam of shoulder 105.00 -21.56 -76.25

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

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Amount Due

8.57