

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

RICHARD A. ABNER 2312 PEBBLE BEACH DR LEAGUE CITY, TX 77573-4456

(713)829-6312

Date of Last Payment: 2/29/2024

| Statement Date | Invoice Number | Page | | |
|----------------|----------------|-------------|--|--|
| 02/10/2025 | CLS ABNRI000 | 1 | | |
| | | | | |
| Guarantor | Due Date | Payment Due | | |

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

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -112.14

| Patient: | A. ABNER | Rendering Pl SHAFRAZ M | hysician: IOHAMMED MD | Chart Number: ABNRI000 | Place of Service: ENCOMPASS | Date of B 07/17/196 | |
|-------------------------------|-----------|--------------------------------|--------------------------|--|------------------------------------|-------------------------------|----------|
| Dates | Procedure | Desciption | Modifier Charge | Paid By Applied to Patient Deductible | Paid by BLUE | Adjustments R | emainder |
| 04/13/21 | 99255 | HOSPITAL CONSULT/INITIAL/LEVEL | .5 495.00 | -73.70 | -73.70 | -347.60 | 73.70 |
| | | | | | | | |
| Patient: Rendering Physician: | | Chart Number: | Place of Service: | Date of Birth: | | | |
| RICHARD | A. ABNEF | R FARRAH AL | I FNP-C | ABNRI000 | ENCOMPASS | 07/17/1964 | |
| | | | | Paid By Applied to | Paid by | | |
| Dates | Procedure | Desciption | Modifier Charge | Patient Deductible | BLUE | Adjustments Remainder | |
| 04/15/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | 318.00 | -86.62 | 0.00 | -231.38 | 86.62 |
| 04/20/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | -60.60 | 0.00 | -160.40 | 60.60 |

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

Amount Due

220.92