

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

JENNIFER ALEMAN 221 SPLINTERED ARROW DR LA MARQUE, TX 77568-6621

Rendering Physician:

VENKATA K. JONNA MD

(713)330-5553

Date of Last Payment: 10/18/2024

Procedure Desciption

X-ray exam of knees

Patient:

Dates

03/18/24

JENNIFER ALEMAN

73565

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALEJE002	1	
Guarantor	Due Date	Payment Due	

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

Make Checks Payable To:

Date of Birth:

Adjustments Remainder

15.00

-86.05

11/30/1982

PO BOX 58538 Webster, TX 77598

Place of Service:

CLS HEALTH

Paid by

-17.95

BLUE

Amount of Last Payment: 0.00

Patient: Rendering Phy		nysician:		Chart Number:	Place of Service:	Date of I	3irth:
R ALEMAN	VENKATA K	. JONNA	. MD	ALEJE002	CLEAR LAKE	11/30/19	82
				Paid By Applied to	Paid by		
Procedure	Desciption	Modifier	Charge	Patient Deductible	BLUE	Adjustments	Remainder
27447	Total knee arthroplasty	LT	3,981.0	ı	-982.68	-2,752.65	245.67
	Rendering Pr	nysician:		Chart Number:	Place of Service:	Date of I	3irth:
R ALEMAN	VENKATA K	. JONNA	. MD	ALEJE002	CLS HEALTH	11/30/19	82
				Paid By Applied to	Paid by		
Procedure	Desciption	Modifier	Charge	Patient Deductible	United	Adjustments	Remainder
99214	OFFICE VISIT EST/LEVEL 4	24	387.00	-20.88	-22.60	-304.40	39.12
99024	Office Visit - No Charge		0.01	-60.00	0.00		-59.99
20610	Drain/inj joint/bursa w/o us	LT	199.00	i	-31.85	-135.30	31.85
J2001	Lidocaine injection	59	1.00	i	-0.01	-0.97	0.02
J3301	Triamcinolone acet inj nos		3.00	i .	-0.47	-2.05	0.48
99214	OFFICE VISIT EST/LEVEL 4		387.00	-4.65	-97.70	-249.30	35.35
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	Procedure 27447 R ALEMAN Procedure 99214 99024 20610 J2001 J3301	Procedure Desciption 27447 Total knee arthroplasty RALEMAN Rendering Physical Venkata K. Procedure Desciption 99214 OFFICE VISIT EST/LEVEL 4 99024 Office Visit - No Charge 20610 Drain/inj joint/bursa w/o us J2001 Lidocaine injection J3301 Triamcinolone acet inj nos	Procedure Desciption Modifier 27447 Total knee arthroplasty LT Rendering Physician: VENKATA K. JONNA Procedure Desciption Modifier 99214 OFFICE VISIT EST/LEVEL 4 99024 Office Visit - No Charge 20610 Drain/inj joint/bursa w/o us LT J2001 Lidocaine injection 59 J3301 Triamcinolone acet inj nos	Procedure Desciption Modifier Charge 27447 Total knee arthroplasty LT 3,981.0 Rendering Physician: VENKATA K. JONNA MD Procedure Desciption Modifier Charge 99214 OFFICE VISIT EST/LEVEL 4 24 387.00 99024 Office Visit - No Charge 0.01 20610 Drain/inj joint/bursa w/o us LT 199.00 J2001 Lidocaine injection 59 1.00 J3301 Triamcinolone acet inj nos 3.00	R ALEMAN VENKATA K. JONNA MD ALEJE002 Paid By Applied to Patient Deductible 27447 Total knee arthroplasty LT 3,981.0 Rendering Physician: Chart Number: ALEJE002 R ALEMAN VENKATA K. JONNA MD ALEJE002 Paid By Applied to Patient Deductible Procedure Desciption Modifier Charge Patient Deductible 99214 OFFICE VISIT EST/LEVEL 4 24 387.00 -20.88 99024 Office Visit - No Charge 0.01 -60.00 20610 Drain/inj joint/bursa w/o us LT 199.00 J2001 Lidocaine injection 59 1.00 J3301 Triamcinolone acet inj nos 3.00	Procedure Desciption Modifier Charge Paid By Applied to Patient Deductible Paid by BLUE 27447 Total knee arthroplasty LT 3,981.0 -982.68 R ALEMAN Rendering Physician: VENKATA K. JONNA MD Chart Number: ALEJE002 Place of Service: CLS HEALTH Procedure Desciption Modifier Charge Patient Deductible United 99214 OFFICE VISIT EST/LEVEL 4 24 387.00 -20.88 -22.60 -22.60 99024 Office Visit - No Charge 0.01 -60.00 0.00 0.00 20610 Drain/inj joint/bursa w/o us LT 199.00 -31.85 -31.85 J2001 Lidocaine injection 59 1.00 -0.01 -0.01 J3301 Triamcinolone acet inj nos 3.00 -0.47	Procedure Desciption Modifier Charge Paid By Applied to 27447 Total knee arthroplasty LT 3,981.0 Paid By Applied to 27447 Paid knee arthroplasty LT 3,981.0 Paid By Applied to 27447 Paid knee arthroplasty LT 3,981.0 Paid By Applied to 27447 Paid knee arthroplasty LT 3,981.0 Paid By Applied to 27447 Paid

Chart Number:

ALEJE002

Paid By Applied to

Modifier Charge Patient Deductible

119.00

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

Continued