



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

JULIA Z. AGIRRE
5107 FRENCH CREEK DR
HOUSTON, TX 77017-6102

(713)910-9696

Statement Date	Invoice Number	Page
02/10/2025	CLS AGIJU000	1
Guarantor	Due Date	Payment Due
JULIA Z. AGIRRE	Upon Receipt	292.17

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	

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JULIA Z. AGIRRE	SHAFRAZ MOHAMMED MD	AGIJU000	HOUSTON	01/29/1960

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	TMHP		
05/25/21	99220	Observation, Initial - High Severity		559.00			0.00	-372.69	186.31
05/26/21	99226	Subsequent observation care		318.00			0.00	-212.14	105.86

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
292.17