

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

OMAR ALI 4523 JUNIPER RIDGE LN MANVEL, TX 77578-2039

(713)884-6062

Statement Date	Invoice Number	Page
02/10/2025	CLS ALIOM000	1
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Date of	Date of Last Payment: 9/13/2024 Amount of Last Payment: -230.15										
Patient: Rendering Physi		nysician:	cian: Chart Number:		umber:	Place of Service:	Date of Birth:				
OMAR AL	LI	REGINA R. PILLAI MD ALIOM000 CLS HEALTH 11/14/1		11/14/199	2						
					Paid By App	olied to	Paid by				
Dates	Procedure	Desciption	Modifier		Patient Dedu		BLUE	Adjustments Re	mainder		
10/13/22	71046	X-ray exam chest 2 views		107.00	-35.54	-25.82	0.00	-81.18	-9.72		
Patient:		Rendering Physician: Chart Numb		umber:	Place of Service:	Date of Birth:					
OMAR ALI REGINA PILLA		LAI MD		ALIOMO	ე00	CLS HEALTH	11/14/1992				
					Paid By App	olied to	Paid by				
Dates	Procedure	Desciption	Modifier		Patient Dedu		BLUE	Adjustments Re	emainder		
10/13/22	99205	OFFICE VIST NEW LEVEL 5	25	689.00	-220.00	-202.42	0.00	-486.58	-17.58		
Patient:	t: Rendering Physician: Cha		Chart N	Chart Number: Place of Service:		Date of Birth:					
OMAR AL	LI	REGINA PIL	•		ALIOMO	ე00	CLS HEALTH	11/14/199	2		
					Paid By App	olied to	Paid by				
Dates	Procedure	Desciption	Modifier		Patient Dedu		BLUE	Adjustments Re	emainder		
10/13/22	94729	Co/membane diffuse capacity	-	185.00	-20.17	-49.19	0.00	-135.81	29.02		
10110100											
10/13/22	J7613	Albuterol non-comp unit		2.00		-0.16	0.00	-1.84	0.16		
10/13/22	J7613	Albuterol non-comp unit		2.00		-0.16	0.00	-1.84	0.16		
10/13/22 Patient:	J7613	Albuterol non-comp unit  Rendering Pl	nysician:	2.00	Chart Nu		0.00  Place of Service:	-1.84  Date of Bi			
		· 	•	2.00		lumber:			rth:		

Dates Procedure Desciption Modifier Charge Patient Deductible **BLUE** Adjustments Remainder OFFICE VIST NEW LEVEL 3 12/04/23 99203 339.00 -106.08 0.00 -232.92 106.08 12/04/23 104.00 -25.53 0.00 -78.47 73630 X-ray exam of foot RT 25.53 12/20/23 99213 OFFICE VISIT EST/LEVEL 3 272.00 -94.83 -72.69 0.00 -199.31 -22.14 Have a question about your balance, or need to update your insurance information with us? Amount Due

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