

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

Samira AKTER 14906 HOLLYDALE DR HOUSTON, TX 77062-2907

(281)372-9963

Date of Last Payment: 7/24/2024

Statement Date	Invoice Number	Page		
02/10/2025	CLS AKTSA000	1		
Guarantor	Due Date	Payment Due		

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Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment:	-318.48	

Patient:Rendering Physician:Chart Number:Place of Service:Date of Birth:Samira AKTERNISARG PATEL MDAKTSA000CLS HEALTH07/24/1989

					Paid By Applied to	Paid by		
Dates P	Procedure	Desciption	Modifier	Charge	Patient Deductible	BLUE	Adjustments	Remainder
05/02/24 8	87801	Detect agnt mult dna ampli		633.00		-86.87	-517.17	28.96
05/02/24 8	87640	Staph a dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24 8	87651	Strep a dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24 8	87641	MR-staph dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24 8	87500	Vancomycin dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24 8	87798	Detect agent nos dna amp	59	1,365.0		-188.17	-1,114.11	62.72
05/02/24 8	87653	Strep b dna amp probe	59	105.00		-14.48	-85.70	4.82
05/02/24 8	87481	Candida dna amp probe	59	105.00		-14.48	-85.70	4.82
05/16/24	87500	Vancomycin dna amp probe	59	105.00		-14.48	-85.70	4.82
05/16/24 8	87798	Detect agent nos dna amp	59	1,365.0		-188.17	-1,114.11	62.72

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

188.14