

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

ANGIE ALEMAN 12723 4TH 1/2 ST TRLR 1 SANTA FE, TX 77510-8079

(409)762-5455

Dates

02/20/24

05/21/24

Procedure Desciption

Reminterrog evi pm/ldls pm

Reminterrog evi pm/ldls pm

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

93294

93294

Statement Date	Invoice Number	Page
02/10/2025	CLS ALEAN000	1
Guarantor	Due Date	Payment Due

ANGIE ALEMAN

**Upon Receipt** 

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

27.50

Make Checks Payable To:

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Data of	Last Paym	ent: 6/17/2024			Amount of Last Pay	ment: -21.07		
	Lasi Fayiii		N				tatta .	
Patient: Rendering Physician:		•	Chart Number:		Date of Birth:			
ANGIE A	LEMAN	ABDELNAS	SER ELKHALILI MD	ALEAN000	CLS HEALTH	09/21/1960		
			Pai	d By Applied to	Paid by			
Dates	Procedure	Desciption			Deductible WELCARE		Adjustments Remainder	
03/08/21	J3301	Triamcinolone acet inj nos	32.00		-8.83	-20.96	2.21	
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Place of Service: Date of Birth:		
ANGIE ALEMAN ABDELNASER ELKH		SER ELKHALILI MD	ALEAN000	CLS HEALTH	09/21/1960			
			Pai	d By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge Pa	tient Deductible	WELCARE	Adjustments R	emainder	
08/03/22	71046	X-ray exam chest 2 views	107.00	-20.00	-34.83	-72.17	-20.00	
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:		
ANGIE A	LEMAN	ABDELNAS	ER ELKHALILI MD	ALEAN000	CLS HEALTH	09/21/196	60	
			Pai	d By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge Pa	tient Deductible	WELCARE	Adjustments R	emainder	
11/01/23	99215	OFFICE VISIT EST/LEVEL 5	540.00	-25.00	-128.97	-411.03	-25.00	
11/29/23	99999	NO SHOW	25.00		0.00		25.00	
Patient: Rendering Physician:		Chart Number:		Date of Birth:				
ANGIE A	LEMAN	MOLHAM A	ALDEIRI MD	ALEAN000	CLS HEALTH	09/21/19	60	

Paid By Applied to

Modifier Charge Patient Deductible WELCARE

88.00

88.00

Paid by

-4.23

-9.61

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

Continued

Amount Due

Adjustments Remainder

25.00

20.00

-58.77

-58.39