

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

ANGELA L. ANDREWS 7807 MELODY LN DICKINSON, TX 77539-7409

Rendering Physician:

(214)674-6393

Date of Last Payment: 12/2/2024

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANDAN000	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:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -25.00

ANGELA	L. ANDRE	WS DANNY M. N	IOUNIR I	MD	ANDAN000		CLS HEALTH	10/29/19	51
Dates	Procedure	Desciption	Modifier		Paid By Applied Patient Deductib		Paid by UNITED	Adjustments I	Remainder
02/17/22	99214	OFFICE VISIT EST/LEVEL 4		400.00	-112.00 -133	3.20	0.00	-266.80	21.20
02/17/22	51798	Us urine capacity measure		33.00	-9	9.34	0.00	-23.66	9.34
02/17/22	81003	Urinalysis auto w/o scope	QW	7.00		1.35	0.00	-5.65	1.35
Patient:		Rendering Ph	nysician:		Chart Numb	er:	Place of Service:	Date of E	Birth:
ANGELA	L. ANDRE	WS MOUSTAFA	M. AHM	ED MD	ANDAN000		CLS HEALTH	10/29/19	51
					Paid By Applied	to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductib	le v	WELLMED	Adjustments I	Remainder
04/04/23	94760	Measure blood oxygen level	Q6	7.00	-25.00		0.00	-4.91	-22.91
04/04/23	99204	OFFICE VIST NEW LEVEL 4	Q6	503.00			-143.83	-334.17	25.00

Chart Number:

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

33.98