



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

ANGIE M. ANGER
8731 BEECHAVEN RD
LA PORTE, TX 77571-3709

(832)284-1987

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGAN001	1
Guarantor	Due Date	Payment Due
ANGIE M. ANGER	Upon Receipt	41.05

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:	
ANGIE M. ANGER	JIRIES S. DAHU MD	ANGAN001	BAYSHORE	08/28/1937	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/09/21	99223	INITIAL HOSPITAL/HIGH	AI	616.00		Patient Deductible	MEDICARE	-410.76	41.05
								-41.05	-164.19

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
41.05