

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

PHYLLIS A. ANDERSON 2622 SHARK CIR TEXAS CITY, TX 77591-4183

Rendering Physician:

**OMAR ALBUSTAMI MD** 

(409)939-1153

Date of Last Payment: 8/12/2022

PHYLLIS A. ANDERSON

Patient:

	Statement Date	Invoice Number	Page
	02/10/2025	CLS ANDPH002	1
	Guarantor	Due Date	Payment Due
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Date of Birth:

09/20/1954

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

Place of Service:

**UTMB** 

Amount of Last Payment: -70.52

				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE	Adjustments R	em ainde r
05/26/22	99226	Subsequent observation care	311.00	-20.42	-80.88	-209.70	20.42
05/27/22	99226	Subsequent observation care	311.00	-20.42	-80.88	-209.70	20.42
05/28/22	99217	OBSERVATION DISCHARGE	220.00	-14.46	-57.24	-148.30	14.46
Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of B	Birth:
PHYLLIS	A. ANDER	SON FARRAH ALI	I FNP-C	ANDPH002	BAYWIND	09/20/19	54
				Paid By Applied to	Paid by		
<b>7</b>				,	i ala by		
Dates	Procedure	Desciption		Patient Deductible	•	Adjustments R	dem ainder
<b>Dates</b> 05/30/22	Procedure 99306	<b>Desciption</b> Nursing Home Initital Visit Level 3			•	Adjustments R -366.73	emainder 28.28
		·	Modifier Charge		MEDICARE	<del>_</del>	
05/30/22	99306	Nursing Home Initital Visit Level 3	Modifier Charge 507.00		<b>MEDICARE</b> -111.99	-366.73	28.28
05/30/22	99306	Nursing Home Initital Visit Level 3	<b>Modifier Charge</b> 507.00 319.00		<b>MEDICARE</b> -111.99	-366.73	28.28 17.81
05/30/22 06/01/22 Patient:	99306	Nursing Home Initital Visit Level 3  Nursing fac discharge day  Rendering Ph	<b>Modifier Charge</b> 507.00 319.00	Patient Deductible	MEDICARE -111.99 -70.52	-366.73 -230.67	28.28 17.81 Sirth:
05/30/22 06/01/22 Patient:	99306 99316	Nursing Home Initital Visit Level 3  Nursing fac discharge day  Rendering Ph	507.00 319.00 hysician:	Patient Deductible Market Patient Pati	-111.99 -70.52 Place of Service:	-366.73 -230.67 Date of B	28.28 17.81 Sirth:
05/30/22 06/01/22 Patient:	99306 99316	Nursing Home Initital Visit Level 3  Nursing fac discharge day  Rendering Ph	507.00 319.00 hysician:	Chart Number:	-111.99 -70.52  Place of Service: UTMB  Paid by	-366.73 -230.67 Date of B	28.28 17.81 Sirth:

Chart Number:

ANDPH002

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

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Amount Due

141.28