



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

DREW A. ANIMASHAUN  
4606 DICKSON STREET  
HOUSTON, TX 77007-7303

(832)892-9777

Statement Date	Invoice Number	Page
02/10/2025	CLS ANIDR000	1
Guarantor	Due Date	Payment Due
DREW A.	Upon Receipt	19.25

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 8/2/2023			Amount of Last Payment: -40.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DREW A. ANIMASHAUN	ROHIT R. DHIR MD	ANIDR000	CLS HEALTH	05/11/2004	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
08/02/23	51798	Us urine capacity measure	Q6	32.00		Patient Deductible	UNITED	-12.75	19.25
								-19.25	0.00

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](https://cls.health/payment)

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

Amount Due
19.25