

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

JAMIE ANDERSON 10006 SAGEDOWNE LN HOUSTON, TX 77089-4312

(832)820-9433

Date of Last Payment: 1/27/2024

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJA008	1
Guarantor	Due Date	Payment Due

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -266.21

						200.21
Patient:		Rendering Ph	•	Chart Number:	Place of Service:	Date of Birth:
JAMIE ANDERSON		MAHMOOD DWEIK MD		ANDJA008	CLS HEALTH	08/06/1994
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	CIGNA	Adjustments Remainder
01/08/24	99205	OFFICE VIST NEW LEVEL 5	669.00	-226.76 -176.86	0.00	-492.14 -49.90
Patient:		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of Birth:
JAMIE A	NDERSON	MOUSTAFA	M. AHMED MD	ANDJA008	CLS HEALTH	08/06/1994
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by CIGNA	Adjustments Remainder
Dates 01/08/24	Procedure 99204	Desciption OFFICE VIST NEW LEVEL 4		Patient Deductible	CIGNA	Adjustments Remainder -373.26 45.67
		<u>.</u>	Modifier Charge	Patient Deductible	CIGNA	
		<u>.</u>	Modifier Charge 25 507.00	Patient Deductible	CIGNA	
01/08/24 Patient:		OFFICE VIST NEW LEVEL 4	Modifier Charge 25 507.00 nysician:	Patient Deductible -88.07 -133.74	0.00	-373.26 45.67
01/08/24 Patient:	99204	OFFICE VIST NEW LEVEL 4 Rendering Ph	Modifier Charge 25 507.00 hysician: DWEIK MD	-88.07 -133.74 Chart Number:	0.00 Place of Service:	-373.26 45.67 Date of Birth:
01/08/24 Patient:	99204	OFFICE VIST NEW LEVEL 4 Rendering Ph	Modifier Charge 25 507.00 nysician: DWEIK MD	-88.07 -133.74 Chart Number: ANDJA008	0.00 Place of Service: CLS HEALTH	-373.26 45.67 Date of Birth:
01/08/24 Patient: JAMIE AN	99204 NDERSON	OFFICE VIST NEW LEVEL 4 Rendering Ph MAHMOOD I	Modifier Charge 25 507.00 nysician: DWEIK MD	Patient Deductible -88.07 -133.74 Chart Number: ANDJA008 Paid By Applied to Patient Deductible	O.00 Place of Service: CLS HEALTH Paid by CIGNA	-373.26 45.67 Date of Birth: 08/06/1994

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

356.05