

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

ANGELA E. AMADOR 1111 QUEENS RD APT 77 PASADENA, TX 77502-4380

(713)597-9968

Date of Last Payment: 3/27/2023

	Statement Date	Invoice Number	Page
	02/10/2025	CLS AMAAN000	1
	Guarantor	Due Date	Payment Due
ſ	ANGELA E	Upon Receipt	4=0.00

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

Amount of Last Payment: -109.88

Patient: ANGELA	E. AMADO	Rendering Ph MAHESWAR	•		Chart Number: AMAAN000	Place of Service: CLEAR LAKE	Date of E <b>12/15/19</b>	
Dates	Procedure	Desciption	Modifier		Paid By Applied to Patient Deductible	Paid by MEDICARE	Adjustments F	Remainder
08/15/22	99233	HOSPITAL, SUBSEQUENT, HIGH	GW	315.00		-82.31	-211.69	21.00
08/16/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/17/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/18/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/19/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
08/22/22	99232	HOSPITAL, SUBSEQUENT, MOD	GW	219.00		-57.27	-147.12	14.61
i								
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of E	Birth:
ANGELA	E. AMADO	_	-		AMAAN000	CLEAR LAKE	12/15/19	40
		-			Paid By Applied to	Deld by		
4					i ald by Applied to	Paid by		
Dates	Procedure	Desciption	Modifier		Patient Deductible	• • •	Adjustments F	tem ainder
<b>Dates</b> 07/18/22		<b>Desciption</b> HOSPITAL, SUBSEQUENT, HIGH	<b>Modifier</b> GW		Patient Deductible	• • •	Adjustments F	21.00
		•		Charge	Patient Deductible	MEDICARE	<u> </u>	
07/18/22	99233	HOSPITAL, SUBSEQUENT, HIGH	GW	<b>Charge</b> 315.00	Patient Deductible	MEDICARE -82.31	-211.69	21.00
07/18/22 07/19/22	99233 99232	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD	GW	315.00 219.00	Patient Deductible	-82.31 -57.27	-211.69 -147.12	21.00 14.61
07/18/22 07/19/22	99233 99232	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD	GW GW	315.00 219.00	Patient Deductible	-82.31 -57.27 -84.61	-211.69 -147.12	21.00 14.61 21.58
07/18/22 07/19/22 07/20/22 Patient:	99233 99232	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD HOSPITAL DISCHARGE, LONG  Rendering Ph	GW GW GW nysician:	315.00 219.00 324.00	Patient Deductible	-82.31 -57.27 -84.61	-211.69 -147.12 -217.81	21.00 14.61 21.58
07/18/22 07/19/22 07/20/22 Patient:	99233 99232 99239	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD HOSPITAL DISCHARGE, LONG  Rendering Ph	GW GW GW nysician:	315.00 219.00 324.00	Patient Deductible  Chart Number:	-82.31 -57.27 -84.61 Place of Service: CLEAR LAKE	-211.69 -147.12 -217.81 Date of E	21.00 14.61 21.58
07/18/22 07/19/22 07/20/22 Patient:	99233 99232 99239	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD HOSPITAL DISCHARGE, LONG  Rendering Ph ZEID F. KAR	GW GW GW nysician:	315.00 219.00 324.00	Chart Number:	-82.31 -57.27 -84.61  Place of Service: CLEAR LAKE  Paid by	-211.69 -147.12 -217.81 Date of E	21.00 14.61 21.58 Sirth:
07/18/22 07/19/22 07/20/22 Patient: ANGELA	99233 99232 99239 <b>E. AMADO</b>	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD HOSPITAL DISCHARGE, LONG  Rendering Ph ZEID F. KAR	GW GW GW nysician:	315.00 219.00 324.00	Chart Number: AMAAN000  Paid By Applied to Patient Deductible	-82.31 -57.27 -84.61  Place of Service: CLEAR LAKE  Paid by	-211.69 -147.12 -217.81 Date of E	21.00 14.61 21.58 Sirth:
07/18/22 07/19/22 07/20/22 Patient: ANGELA	99233 99232 99239 E. AMADO	HOSPITAL, SUBSEQUENT, HIGH HOSPITAL, SUBSEQUENT, MOD HOSPITAL DISCHARGE, LONG  Rendering Ph ZEID F. KAR.  Desciption	GW GW nysician: ADSHEH	315.00 219.00 324.00	Chart Number: AMAAN000  Paid By Applied to Patient Deductible	-82.31 -57.27 -84.61  Place of Service: CLEAR LAKE  Paid by MEDICARE	-211.69 -147.12 -217.81 Date of E 12/15/19	21.00 14.61 21.58 Birth: 40

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

178.08