

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

JOSEPH M. ANDERSON 16326 BLACKHAWK BLVD FRIENDSWOOD, TX 77546-3119

Rendering Physician:

REGINA PILLAI MD

(832)314-6122

Date of Last Payment: 8/9/2024

JOSEPH M. ANDERSON

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANDJO002	1		
Guarantor	Due Date	Payment Due		

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Make Checks Payable To:

Date of Birth:

11/20/1972

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

CLS HEALTH

Amount of Last Payment: -52.97

					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	UNITED	Adjustments F	Remainder
06/02/21	99215	OFFICE VISIT EST/LEVEL 5	Q6	564.00	-75.00	-111.65	-452.35	-75.00
Patient:		Rendering Ph	ysician:		Chart Number:	Place of Service:	Date of E	Birth:
JOSEPH M. ANDERSON MAAMOUN A. HARM				OUCH	ANDJO002	CLS HEALTH	11/20/1972	
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	UNITED	Adjustments F	Remainder
07/21/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-140.00	-62.40	-375.60	-75.00
Patient:		Rendering Ph	ysician:		Chart Number:	Place of Service:	Date of E	Birth:
JOSEPH M. ANDERSON MAAMOUN A. HARMOUCH					ANDJO002	CLS HEALTH	11/20/1972	
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	COMMUNI	Adjustments F	Remainder
04/19/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-40.00	0.00	-287.00	60.00
04/19/24	46600	Diagnostic anoscopy spx		353.00		0.00	-233.39	119.61

Chart Number:

ANDJO002

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

Amount Due

29.61