



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

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

(409)939-1153

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ANDPH002 | 1 |
| Guarantor | Due Date | Payment Due |
| PHYLLIS A. | Upon Receipt | 141.28 |

| Pay Online | |
|---|---|
| Go to: cls.health/payment or scan the QR Code |  |
| Make Checks Payable To: | |
| CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598 | |

| | |
|---------------------------------|--------------------------------|
| Date of Last Payment: 8/12/2022 | Amount of Last Payment: -70.52 |
|---------------------------------|--------------------------------|

| | | | | |
|---------------------------------|---|---------------------------|---------------------------|------------------------------|
| Patient: PHYLLIS A. ANDERSON | Rendering Physician: OMAR ALBUSTAMI MD | Chart Number: ANDPH002 | Place of Service: UTMB | Date of Birth: 09/20/1954 |
|---------------------------------|---|---------------------------|---------------------------|------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by MEDICARE | Adjustments | Remainder |
|----------|-----------|-----------------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 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: PHYLLIS A. ANDERSON | Rendering Physician: FARRAH ALI FNP-C | Chart Number: ANDPH002 | Place of Service: BAYWIND | Date of Birth: 09/20/1954 |
|---------------------------------|--|---------------------------|------------------------------|------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by MEDICARE | Adjustments | Remainder |
|----------|-----------|------------------------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 05/30/22 | 99306 | Nursing Home Initial Visit Level 3 | | 507.00 | | | -111.99 | -366.73 | 28.28 |
| 06/01/22 | 99316 | Nursing fac discharge day | | 319.00 | | | -70.52 | -230.67 | 17.81 |

| | | | | |
|---------------------------------|---|---------------------------|---------------------------|------------------------------|
| Patient: PHYLLIS A. ANDERSON | Rendering Physician: KAREEM GADELMOLA MD | Chart Number: ANDPH002 | Place of Service: UTMB | Date of Birth: 09/20/1954 |
|---------------------------------|---|---------------------------|---------------------------|------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by MEDICARE | Adjustments | Remainder |
|----------|-----------|-----------------------|----------|--------|-----------------|-----------------------|------------------|-------------|-----------|
| 08/20/22 | 99223 | INITIAL HOSPITAL/HIGH | | 609.00 | | | -159.31 | -409.80 | 39.89 |

Have a question about your balance, or need to update your insurance information with us?

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

| Amount Due |
|------------|
| 141.28 |