

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

ROSA A. AVINA 10617 CHAMBERS ST HOUSTON, TX 77034-2953

(832)853-3586

Date of Last Payment: 11/1/2024

	Statement Date	Invoice Number	Page	
	02/10/2025	CLS AVIRO000	1	
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Patient:		Rendering Physician: JACQUELINE M. WEGGE MD		Chart Number: Place of Service: AVIRO000 CLS HEALTH		Date of Birth:				
NOOA A.		UAUQUEEN	INC. IVI. VVEGGE IVID	AVIICOUU	CL3 IILALIII	09/13/1965				
			Pa	nid By Applied to	Paid by					
Dates Procedure De		Desciption	tion Modifier Charge Par		tient Deductible Ambetter		Adjustments Remainder			
01/07/21	11406	Exc tr-ext b9+marg >4.0 cm	2,018.0	-10.00 -602.44	0.00	-1,415.56	592.44			
01/07/21	12034	Intrnd rpr s/tr/ext 7.6-12.5	1,063.0	-72.56	-76.36	-914.08	72.56			
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	Birth:			
ROSA A. AVINA		JACQUELINE M. WEGGE MD		AVIRO000 CLS HEALTH		09/13/1965				
	Paid By Applied to Paid by									
Dates			atient Deductible 🖊	Ambetter	Adjustments Remainder					
02/16/22	99213	OFFICE VISIT EST/LEVEL 3	283.00	-94.41	0.00	-188.59	94.41			
Patient:		Rendering Physician:		Chart Number: Place of Service:		Date of Birth:				
ROSA A. AVINA		ABDELNASER ELKHALILI MD		AVIRO000 CLS HEALTH		09/13/1965				
			Pa	nid By Applied to	Paid by					
Dates	Dates Procedure Desciption Modifier Charge Par		tient Deductible Ambetter		Adjustments Remainder					
03/30/22	99215	OFFICE VISIT EST/LEVEL 5	563.00	-149.57	-187.73	-375.27	-149.57			
Patient:		Rendering Physician:		Chart Number: Place of Service:		Date of Birth:				
ROSA A. AVINA		DANNY M. MOUNIR MD		AVIRO000 CLS HEALTH		09/13/1965				
			Pa	aid By Applied to	Paid by					
Dates	Procedure	Desciption	Modifier Charge Pa	atient Deductible 🔏	Ambetter	Adjustments Remainder				
08/30/23	99999	NO SHOW 25.00			0.00		25.00			

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