



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

BARBARA A. AIRHART
6725 W BAYOU DR
HITCHCOCK, TX 77563-3545

(832)683-1803

Statement Date	Invoice Number	Page
02/10/2025	CLS AIRBA000	1
Guarantor	Due Date	Payment Due
BARBARA A.	Upon Receipt	120.00

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: 12/11/2024	Amount of Last Payment: -45.00
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Patient: BARBARA A. AIRHART	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: AIRBA000	Place of Service: CLS HEALTH	Date of Birth: 09/27/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
06/08/22	99213	OFFICE VISIT EST/LEVEL 3		283.00			-58.82	-189.18	35.00
06/28/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
06/30/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
07/03/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
07/05/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
07/07/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
07/17/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
07/19/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
07/21/23	97605	Neg press wound tx <= 50 cm		128.00			-16.97	-91.03	20.00
01/29/24	99999	NO SHOW		25.00			0.00		25.00
02/26/24	99999	NO SHOW		25.00			0.00		25.00
04/08/24	99999	NO SHOW		25.00			0.00		25.00

Patient: BARBARA A. AIRHART	Rendering Physician: JACQUELINE M. WEGGE MD	Chart Number: AIRBA000	Place of Service: HOUSTON	Date of Birth: 09/27/1964
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
06/06/23	15830	Exc skin abd	22	3,587.0	-150.00		-1,020.92	-2,566.08	-150.00

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

Call 281-694-5986

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

Amount Due
120.00