



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

LORINE K. ATKINSON  
4300 BAY AREA BLVD APT 1113  
HOUSTON, TX 77058-1120

(281)624-9673

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKLO000	1
Guarantor	Due Date	Payment Due
LORINE K.	Upon Receipt	221.07

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Date of Last Payment:	12/17/2024	Amount of Last Payment:	-20.12
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LORINE K. ATKINSON	MAHMOOD DWEIK MD	ATKLO000	CLS HEALTH	04/29/1971

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TRICARE	Adjustments	Remainder
12/27/21	95810	Polysom 6/> yrs 4/> param	26	379.00		-31.00	-68.85	-279.15	31.00
12/28/21	95811	Polysom 6/> yrs cpap 4/> parm	26	393.00		-31.00	-72.58	-289.42	31.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LORINE K. ATKINSON	REGINA PILLAI MD	ATKLO000	CLS HEALTH	04/29/1971

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TRICARE	Adjustments	Remainder
06/06/24	99214	OFFICE VISIT EST/LEVEL 4		387.00			-67.91	-282.09	37.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LORINE K. ATKINSON	CHANISE T. FRANSEN PA-C	ATKLO000	CLS HEALTH	04/29/1971

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TRICARE	Adjustments	Remainder
03/11/22	99215	OFFICE VISIT EST/LEVEL 5		563.00		-33.00	-105.66	-435.34	-11.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LORINE K. ATKINSON	REGINA R. PILLAI MD	ATKLO000	CLS HEALTH	04/29/1971

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by TRICARE	Adjustments	Remainder
02/03/22	71046	X-ray exam chest 2 views		107.00		-1.00	-28.10	-78.90	-1.00

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