



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

KATHRYN ANDERSON  
184 W 4TH ST APT 4  
NEW YORK, TX 10014-3882

(409)939-6550

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDKA006	1
Guarantor	Due Date	Payment Due
KATHRYN	Upon Receipt	121.77

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
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Date of Last Payment: 11/30/2023			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
KATHRYN ANDERSON	AMANDA G. JOHNSON NP	ANDKA006	CLS HEALTH	06/01/1995	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/23/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-50.00	-171.77	0.00	-331.23	121.77

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

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Amount Due
<b>121.77</b>