



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

ERVIN ANDERS
8027 FM 711
SAN AUGUSTINE, TX 75972-4269

(936)201-0170

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDER002	1
Guarantor	Due Date	Payment Due
ERVIN ANDERS	Upon Receipt	419.29

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:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
ERVIN ANDERS	EMRAN ABU ATHERAH MD	ANDER002	UTMB	07/01/1967

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	SELPAY		
02/18/23	99223	1ST HOSP IP/OBS HIGH 75		523.00			0.00	-344.33	178.67
02/19/23	99233	SBSQ HOSP IP/OBS HIGH 50		359.00			0.00	-236.40	122.60
02/20/23	99239	HOSP IP/OBS DSCHRG MGMT >30		345.00			0.00	-226.98	118.02

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

Call 281-694-5986

To make a payment online, go to cls.health/payment

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

Amount Due
419.29