

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

LARRY T. ANDREWS 607 WESTWOOD CIR LA MARQUE, TX 77568-2001

(772)486-4836

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANDLA004	1	
Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment	
or scan the QR Code	
	□ x-757.

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of	Last Paym	ent: 10/25/2023	: 10/25/2023 Amount of Last Payment:				ment: -16.88	
Patient:		Rendering	Physician:	Chart Number	: Pla	ace of Service:	Date of B	irth:
LARRY T	. ANDREW	S ROHIT R.	DHIR MD	ANDLA004	CL	S HEALTH	11/14/194	12
				Paid By Applied to	Paid by	Paid by BANKER		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE	DANILL	Adjustments R	emainder
04/24/23	99204	OFFICE VIST NEW LEVEL 4	503.00	_	-134.67	-14.35	-333.98	20.00

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

20.00