



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

JOHN J. ASBER
3515 BELLFORT ST
HOUSTON, TX 77051-1401

(225)888-9060

Statement Date	Invoice Number	Page
02/10/2025	CLS ASBJO000	1
Guarantor	Due Date	Payment Due
JOHN J. ASBER	Upon Receipt	242.41

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: 8/18/2022	Amount of Last Payment: -146.37
---------------------------------	---------------------------------

Patient: JOHN J. ASBER	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ASBJO000	Place of Service: MEMORIAL	Date of Birth: 05/21/1942
---------------------------	---	---------------------------	-------------------------------	------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
02/19/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/20/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/21/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-14.61	-58.44	-145.95	14.61
02/22/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/23/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-14.61	-58.44	-145.95	14.61
02/24/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/25/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/26/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/27/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-21.00	-83.99	-210.01	21.00
02/28/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-14.61	-58.44	-145.95	14.61
03/01/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-14.61	-58.44	-145.95	14.61

Patient: JOHN J. ASBER	Rendering Physician: JIRIES S. DAHU MD	Chart Number: ASBJO000	Place of Service: MEMORIAL	Date of Birth: 05/21/1942
---------------------------	---	---------------------------	-------------------------------	------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
05/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			-83.15	-210.85	21.00
05/30/22	99497	Advncd care plan 30 min		239.00			-63.22	-159.81	15.97

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
242.41