



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

MARLA C. ANDERSON
2451 BAYCREST DR
HOUSTON, TX 77058-3701

(281)333-4935

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDMA007	1
Guarantor	Due Date	Payment Due
MARLA C.	Upon Receipt	66.80

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:	10/18/2024	Amount of Last Payment:	-13.04
-----------------------	------------	-------------------------	--------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARLA C. ANDERSON	MICHAEL A. MONMOUTH MD	ANDMA007	CLS HEALTH	09/29/1958

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
09/27/23	99214	OFFICE VISIT EST/LEVEL 4		385.00	-7.54		-103.17	-26.32	-255.51	-7.54

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARLA C. ANDERSON	MICHAEL A. MONMOUTH MD	ANDMA007	CLS HEALTH	09/29/1958

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
06/21/23	73610	X-ray exam of ankle		112.00			-30.07	-6.14	-74.26	1.53

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARLA C. ANDERSON	MICHAEL A. MONMOUTH MD	ANDMA007	HOUSTON	09/29/1958

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by BLUE	Adjustments	Remainder
04/30/23	27822	Treatment of ankle fracture		2,691.0			-720.70	-147.08	-1,786.45	36.77
04/30/23	99222	1ST HOSP IP/OBS MODERATE 55	57	393.00			-105.21	-21.48	-260.95	5.36

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
MARLA C. ANDERSON	VENKATA K. JONNA MD	ANDMA007	CLS HEALTH	09/29/1958

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by AETNA	Adjustments	Remainder
01/12/24	73610	X-rayexam of ankle	Q6	109.00		-30.68	0.00	-78.32	30.68

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

66.80