




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

TRINIDAD J. ALMANZA
4221 AVENUE R
GALVESTON, TX 77550-6920

(409)457-8302

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALMTR000 | 3 |
| Guarantor | Due Date | Payment Due |
| TRINIDAD J. | Upon Receipt | 6787.80 |

| 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 | |

| | | | | | | |
|----------|-------|----------------------------|--------|------|---------|--------|
| 03/29/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | 318.00 | 0.00 | -212.14 | 105.86 |
| 03/30/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | 318.00 | 0.00 | -212.14 | 105.86 |
| 03/31/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/01/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/02/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | 318.00 | 0.00 | -212.14 | 105.86 |
| 04/03/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/04/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/05/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | 318.00 | 0.00 | -212.14 | 105.86 |
| 04/06/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/07/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/08/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/09/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/10/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/11/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | 318.00 | 0.00 | -212.14 | 105.86 |
| 04/12/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/13/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/14/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/15/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/16/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/17/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/18/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/19/21 | 99232 | HOSPITAL, SUBSEQUENT, MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/20/21 | 99239 | HOSPITAL DISCHARGE, LONG | 327.00 | 0.00 | -217.88 | 109.12 |

| | | | | |
|---------------------|----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| TRINIDAD J. ALMANZA | SHAFRAZ MOHAMMED MD | ALMTR000 | ENCOMPASS | 04/13/1946 |

| Dates | Procedure | Description | Modifier | Paid By | | Adjustments | Remainder |
|----------|-----------|----------------------------|----------|------------|--------------------|-------------|----------------|
| | | | | Applied to | Paid by | | |
| 04/27/21 | 99233 | HOSPITAL, SUBSEQUENT, HIGH | | Charge | Patient Deductible | MEDICARE | |
| | | | | 318.00 | | 0.00 | |
| | | | | | | | -212.14 105.86 |

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

Continued