

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

PHILLIP C. ANDREWS 7807 MELODY LN DICKINSON, TX 77539-7409

(214)755-2673

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Statement Date	Invoice Number	Page		
02/10/2025	CLS ANDPH000	1		
Guarantor	Due Date	Payment Due		

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Data of	Last Day	40/F	7/2024				Amazonat of Loot Do		00.05		
Date of Last Payment: 10/7/2024 Amount of Last Payment: -90.65											
Patient:	Patient: Rendering Pt		Physician: Chart Number:		Place of Service:	D	Date of Birth:				
PHILLIP	C. ANDRE	NS	MAHMOOD I	D DWEIK MD ANDPH000		AMERICAN	1:	12/04/1954			
						Paid By Applied to	Paid by				
Dates	Procedure	Desciption	า	Modifier	Charge	Patient Deductible	UNITED	Adiust	monte l	Rom sindor	
03/30/22	99215	•		25 563.00			-177.73	-375.27 -48.17		-48.17	
03/30/22	99215	OFFICE VISITES	31/11/11/11/5	25	303.00	-56.17	-111.13	-3	13.21	-40.17	
D .: .											
Patient: Rendering Ph			•				Date of Birth:				
PHILLIP	C. ANDRE	NS	ROHIT R. DI	IIR MD		ANDPH000	CLS HEALTH	1:	2/04/19	54	
						Paid By Applied to	Paid by				
Dates	Procedure	ure Desciption I		Modifier Charge Patient De		Patient Deductible	WELLMED	Adjust	Adjustments Remainder		
02/28/23	51798	Us urine capacity	measure		32.00		0.00	-2	21.21	10.79	
08/01/23	51798	Us urine capacity	measure		32.00		0.00	-2	20.94	11.06	
08/06/24	51798			34.00		0.00		-2	22.51	11.49	
Patient: Rendering Physician:			Chart Number:	Place of Service:	D	Date of Birth:					
9			JREDDIN MD ANDPH000 CLS HEALTH			1:	12/04/1954				
						Paid By Applied to	Paid by				
Dates	Procedure	Desciption	า	Modifier	Charge	Patient Deductible	•	Adiust	ments l	Remainder	
04/19/24	76981	Use parenchyma			311.00		0.00		28.17	67.83	
	70001	. ,								07.00	
Patient:			Rendering Ph	weician.		Chart Number:	Place of Service:		ate of E	 Rirth:	
			JREDDIN MD ANDPH000			CLS HEALTH		12/04/1954			
	O. ANDINE		MAZEN NOO	INEDDIN		ANDITIOU	CL3 IILALIII			134	
						Paid By Applied to	Paid by				
Dates	Procedure	Desciption	า	Modifier	Charge	Patient Deductible	WELLMED	Adjustments Re		Remainder	
07/03/24	99205	OFFICE VIST NE	EW LEVEL 5		669.00		-197.73	-44	46.27	25.00	
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Have a question about your balance, or need to update your insurance information with us?