

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

CONSEPCION AMBRIZ 16202 DIANA LN APT 329 HOUSTON, TX 77062-5323

Rendering Physician:

If remitting payment via mail in check, Please include statement.

**REMY TEQWIMUAH MD** 

(832)894-5388

Date of Last Payment: 6/28/2023

**CONSEPCION AMBRIZ** 

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS AMBCO000	1	
<u> </u>			
Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

Date of Birth:

04/06/1958

**Continued** 

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

**UTMB** 

Paid by

Amount of Last Payment: 0.00

				raid by Applied to	,		,	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments F	Remainder	
12/09/22	99223	INITIAL HOSPITAL/HIGH	609.00	_	0.00	-405.85	203.15	
12/10/22	99232	HOSPITAL, SUBSEQUENT, MOD	219.00		0.00	-145.95	73.05	
12/11/22	99232	HOSPITAL, SUBSEQUENT, MOD	219.00	¥	0.00	-145.95	73.05	
12/12/22	99232	HOSPITAL, SUBSEQUENT, MOD	239.00		0.00	-165.95	73.05	
12/13/22	99232	HOSPITAL, SUBSEQUENT, MOD	239.00	T.	0.00	-165.95	73.05	
12/14/22	99239	HOSPITAL DISCHARGE, LONG	345.00	i	0.00	-237.08	107.92	
<u> </u>							!	
Patient:		Rendering Ph	hysician:	Chart Number:	: Place of Service:	Date of E	3irth:	
CONSEPCION AMBRIZ ALI EZZO MI		D	AMBCO000 UTMB		04/06/1958			
				Paid By Applied to	Paid by			
Dates	Procedure	e Desciption				Adjustments F	Remainder	
02/06/23	99233	HOSPITAL, SUBSEQUENT, HIGH	359.00	,	0.00	-236.40	122.60	
02/07/23	99233	HOSPITAL, SUBSEQUENT , HIGH	359.00	,	0.00	-236.40	122.60	
02/08/23	99233	HOSPITAL, SUBSEQUENT , HIGH	359.00	I.	0.00	-236.40	122.60	
02/09/23	99233	HOSPITAL, SUBSEQUENT , HIGH	359.00	i	0.00	-236.40	122.60	
1							ļ	
Patient: Rendering Phys		hysician:	rsician: Chart Number: Place of Service:		Date of E	Зirth:		
_		WIMUAH MD	AMBCO000	UTMB	04/06/19	<i>)</i> 58		
				Paid By Applied to	Paid by			
Dates	Procedure	e Desciption		Patient Deductible	,	Adjustments F	Remainder	
02/05/23	99223	INITIAL HOSPITAL/HIGH	523.00	i .	0.00	-319.85	203.15	
02/14/23	99232	SBSQ HOSP IP/OBS MODERATE 35	239.00	ı	0.00	-165.95	73.05	
02/15/23	99232	SBSQ HOSP IP/OBS MODERATE 35	239.00	<i>y</i>	0.00	-165.95	73.05	
⊔3/23 3 (III	taction abou	ut your halance, or need	d to undate your	incurance informati	on with up?			
•	Have a question about your balance, or need to update your insurance information with us?  Amount Due							
Call 281-694-5986  To make a payment online, go to els health/payment								
To make a payment online, go to cls.health/payment								

Chart Number:

AMBCO000

Paid By Applied to