



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

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

(214)755-2673

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPH000	2
Guarantor	Due Date	Payment Due
PHILLIP C.	Upon Receipt	208.00

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Patient: PHILLIP C. ANDREWS			Rendering Physician: JOSE S. MONTELONGO DO		Chart Number: ANDPH000	Place of Service: CLS HEALTH	Date of Birth: 12/04/1954		
Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
09/12/24	93925	Lower extremity study		716.00	-20.00		-90.65	-475.35	130.00

Have a question about your balance, or need to update your insurance information with us?

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Amount Due
<b>208.00</b>