

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

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

(409)457-8302

Patient:

Statement Date	Invoice Number	Page	
02/10/2025 CLS ALMTR000		4	
Guarantor	Due Date	Payment Due	

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Date of Birth:

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

04/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH	318.00	0.00	-212.14	105.86
04/30/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00	0.00	-147.34	73.66

TRINIDAD J. ALMANZ	A FARRAH ALI FNP-C	ALMTR000	ENCOMPASS	04/13/1946
		Paid By Applied to	Paid by	
Dates Procedure D	Desciption Modifier Charge	Patient Deductible	MEDICARE	Adjustments Remainder

Chart Number:

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Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE	Adjustments Remainder
04/22/21	99223	INITIAL HOSPITAL/HIGH	616.00		0.00	-410.76 205.24
04/29/21	99232	HOSPITAL, SUBSEQUENT, MOD	221.00		0.00	-147.34 73.66

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

To make a payment online, go to cls.health/payment

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

Amount Due

6,787.80