

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

SHERYL K. ASHER 3411 BROOKWOOD DR LA PORTE, TX 77571-3731

(713)385-8147

Date of Last Payment: 3/1/2022

Patient:

SHERYL K. ASHER

Statement Date	Invoice Number	Page	
02/10/2025	CLS ASHSH001	1	
Guarantor	Due Date	Payment Due	

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

Make Checks Payable To:

Date of Birth:

12/18/1952

PO BOX 58538 Webster, TX 77598

Place of Service:

**MEMORIAL** 

Amount of Last Payment: -314.95

						J. 1.7 1.2	12/10/1002	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by HUMANA	Adju	stments Ren	nainder
01/03/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		-62.99		-210.01	42.00
01/04/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		-62.99		-210.01	42.00
01/05/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		-62.99		-210.01	42.00
01/06/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		-62.99		-210.01	42.00
01/07/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		-62.99		-210.01	42.00

Chart Number:

ASHSH001

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

Rendering Physician:

**JIRIES S. DAHU MD** 

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

210.00

Amount Due