



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

MICHELE V. ALLEMAN
1713 GASLIGHT CT
SEABROOK, TX 77586-2634

(281)384-3855

Statement Date	Invoice Number	Page
02/10/2025	CLS ALLMI001	1
Guarantor	Due Date	Payment Due
MICHELE V.	Upon Receipt	76.26

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 11/12/2021	Amount of Last Payment: -130.87
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Patient: MICHELE V. ALLEMAN	Rendering Physician: REMY TEQWIMUAH MD	Chart Number: ALLMI001	Place of Service: UTMB	Date of Birth: 05/24/1966
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
10/12/21	99223	INITIAL HOSPITAL/HIGH		616.00		-56.09	-130.87	-429.04	56.09

Patient: MICHELE V. ALLEMAN	Rendering Physician: NISARG PATEL MD	Chart Number: ALLMI001	Place of Service: UTMB	Date of Birth: 05/24/1966
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
10/13/21	99232	HOSPITAL , SUBSEQUENT, MOD		221.00		-20.17	-47.07	-153.76	20.17

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Amount Due
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