



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

OLENCIA ADECLAT
853 FALLING SPRINGS LN
LEAGUE CITY, TX 77573-2251

(512)573-3005

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEOL000	1
Guarantor	Due Date	Payment Due
OLENCIA	Upon Receipt	154.22

Pay Online	
Go to: cls.health/payment or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
OLENCIA ADECLAT	MAHESWARY	ADEOL000	CLEAR LAKE	03/16/1972	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	BLUE		
03/09/22	99223	INITIAL HOSPITAL/HIGH		609.00		-119.58	-78.67	-410.75	119.58
03/10/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00		-20.38	-81.53	-213.09	20.38
03/11/22	99232	HOSPITAL , SUBSEQUENT, MOD		219.00		-14.26	-57.04	-147.70	14.26

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

Call 281-694-5986

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

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

Amount Due
154.22