

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

MARIA E. AMADOR (EVEN Range 500 - 598) SHAWNEE HOUSTON, TX 77034-1333

(832)406-1670

Date of Last Payment: 12/12/2023

Statement Date	Invoice Number	Page	
02/10/2025	CLS AMAMA004	1	
Guarantor	Due Date	Payment Due	

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Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	irth:
MARIA E.	. AMADOR	VENKATA K.	. JONNA MD	AMAMA004	CLS HEALTH	06/18/196	60
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Ambetter	Adjustments R	emainder
10/23/23	20610	Drain/inj joint/bursa w/o us	LT 197.00)	-47.88	-133.16	15.96
10/23/23	J3301	Triamcinolone acet inj nos	24.00)	0.00	-14.72	9.28
Patient:		Dandaring Dk		Chart Number	Diago of Comissi	Date of B	irth:
rallent.		Rendering Ph	nysician:	Chart Number:	Place of Service:	Date of B	II U I.
	. AMADOR	ŭ	•	AMAMA004	CLS HEALTH	06/18/196	-
	AMADOR	•	•				-
MARIA E.	. AMADOR	VENKATA K.	. JONNA MD	AMAMA004	CLS HEALTH Paid by		60
MARIA E.	Procedure	VENKATA K.	. JONNA MD	AMAMA004 Paid By Applied to Patient Deductible	CLS HEALTH Paid by	06/18/196	60
MARIA E. Dates	Procedure 73502	VENKATA K.	. JONNA MD Modifier Charge	AMAMA004 Paid By Applied to Patient Deductible	CLS HEALTH Paid by Ambetter	06/18/196	em ainder
MARIA E. Dates 10/23/23	Procedure 73502	VENKATA K. Desciption X-rayexam hip uni 2-3 views	Modifier Charge	AMAMA004 Paid By Applied to Patient Deductible	CLS HEALTH Paid by Ambetter -29.21	06/18/196 Adjustments R -104.05	emainder 9.74

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

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Amount Due

45.62