

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

CAROLINA M. ANDRES 2542 COBBLERS WAY FRIENDSWOOD, TX 77546-2604

Rendering Physician:

MOHAMMAD J. BABA MD

(713)885-4854

Date of Last Payment: 4/15/2022

CAROLINA M. ANDRES

Patient:

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANDCA003	1	
Guarantor	Due Date	Payment Due	

Pay Online

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Make Checks Payable To:

Date of Birth:

01/15/1950

PO BOX 58538 Webster, TX 77598

Place of Service:

CLS HEALTH

Amount of Last Payment: -61.17

Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by CASH	Adjustments F	Remainder
12/27/21	74150	Ct abdomen w/o dye	463.00	-250.00	0.00	-311.89	-98.89
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of E	3irth:
CAROLIN	IA M. ANDI	RES REMY TEQV	WIMUAH MD	ANDCA003	UTMB	01/15/19	50
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments F	Remainder
05/08/22	99223	INITIAL HOSPITAL/HIGH	609.00		0.00	-405.85	203.15
05/09/22	99232	HOSPITAL, SUBSEQUENT, MOD	219.00		0.00	-145.95	73.05
05/10/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-216.08	107.92

Chart Number:

ANDCA003

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

285.23