

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

NICOL K. ANDERSON 901 N NOBLE RD TEXAS CITY, TX 77591-3109

(346)282-2030

Date of Last Payment: 12/6/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS ANDNI000	1	
Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -226.77

Patient:	atient: Rendering Physic		hysician:	Chart Number:	: Place of Service:	Date of Bi	irth:
NICOL K.	ICOL K. ANDERSON LUIGI TERMINELLA ME		IINELLA MD	ANDNI000	UTMB	07/19/1979	
Duta				Paid By Applied to	· · · · •	_	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	AMERIGR	Adjustments Re	emainder
04/05/22	99291	CRITICAL CARE 1ST HOUR	672.00		-164.72	-465.68	41.60
04/05/22	99292	CRITICAL CARE, 30 MIN	338.00		-82.70	-234.42	20.88
Patient:	Patient: Rendering Physician:		Chart Number:	: Place of Service:	Date of Birth:		
NICOL K. ANDERSON OMAR ALBUSTAMI MD		ANDNI000	UTMB	07/19/1979			
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	AMERIGR	Adjustments Re	emainder
04/06/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		-81.74	-212.62	20.64
04/07/22	99239	HOSPITAL DISCHARGE, LONG	324.00		-84.24	-218.49	21.27
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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

104.39