

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

DIANA L. TORRES 2205 W WALKER ST APT 1232 LEAGUE CITY, TX 77573-6889

(346)310-2153

Date of Last Payment: 4/25/2024

	Statement Date	Invoice Number	Page	
	02/10/2025	CLS ALFDI000	1	
ĺ	Guarantor	Due Date	Payment Due	

Pay Online						
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PO BOX 58538 Webster, TX 77598

Amount of Last Payment: 0.00

						<u> </u>
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of Birth:
DIANA L.	TORRES	ABDELNA	SER ELKHALILI MD	ALFDI000	CLS HEALTH	10/04/1993
			Pa	id By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge Pa	atient Deductible	BLUE	Adjustments Remainder
10/28/21	99214	OFFICE VISIT EST/LEVEL 4	404.00	-58.88 -41.63	-41.63	-320.74 -17.25
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of Birth:
DIANA L.	TORRES	DANNY M.	MOUNIR MD	ALFDI000	CLS HEALTH	10/04/1993
			Pa	id By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge Pa	atient Deductible	BLUE	Adjustments Remainder
08/24/22	99213	OFFICE VISIT EST/LEVEL 3	283.00		0.00	-183.00 100.00
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of Birth:
DIANA L.	TORRES	ABDELNA	SER ELKHALILI MD	ALFDI000	CLS HEALTH	10/04/1993
			Pa	id By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge Pa	atient Deductible	BLUE	Adjustments Remainder
02/07/23	99999	NO SHOW	25.00		0.00	25.00
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of Birth:
DIANA L.	TORRES	ABDELNA	SER ELKHALILI MD	ALFDI000	CLS HEALTH	10/04/1993
			Pa	id By Applied to	Paid by Ir	Paid by njectafer

Modifier Charge Patient Deductible

-80.00

2,250.0

BLUE

-1,165.00

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

Call 281-694-5986

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77.75

Amount Due

Adjustments Remainder

-30.00

-30 -1,005.00

To make a payment online, go to cls.health/payment lf remitting payment via mail in check, Please include statement.

Inj ferric carboxymaltos 1mg

Procedure Desciption

Dates

12/21/22 J1439