




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

PHILLIP C. ANDREWS
7807 MELODY LN
DICKINSON, TX 77539-7409

(214)755-2673

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDPH000	1
Guarantor	Due Date	Payment Due
PHILLIP C.	Upon Receipt	208.00

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:	10/7/2024	Amount of Last Payment:	-90.65
-----------------------	-----------	-------------------------	--------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS	MAHMOOD DWEIK MD	ANDPH000	AMERICAN	12/04/1954

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by UNITED	Adjustments	Remainder
03/30/22	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-58.17		-177.73	-375.27	-48.17

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS	ROHIT R. DHIR MD	ANDPH000	CLS HEALTH	12/04/1954

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
02/28/23	51798	Us urine capacity measure		32.00			0.00	-21.21	10.79
08/01/23	51798	Us urine capacity measure		32.00			0.00	-20.94	11.06
08/06/24	51798	Us urine capacity measure		34.00			0.00	-22.51	11.49

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS	MAZEN NOUREDDIN MD	ANDPH000	CLS HEALTH	12/04/1954

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
04/19/24	76981	Use parenchyma		311.00	-15.00		0.00	-228.17	67.83

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
PHILLIP C. ANDREWS	MAZEN NOUREDDIN MD	ANDPH000	CLS HEALTH	12/04/1954

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
07/03/24	99205	OFFICE VIST NEW LEVEL 5		669.00			-197.73	-446.27	25.00

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
Continued