

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

CYNTHIA ALMENDAREZ 9954 TILTREE ST HOUSTON, TX 77075-4006

(281)975-8122

Date of Last Payment: 4/12/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS ALMCY000	1	
Guarantor	Due Date	Payment Due	

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Patient: CYNTHIA	ALMENDA	Rendering F AREZ ABDELNAS	Physician: SER ELKHALILI M [Chart Number: ALMCY000	Place of Service: CLS HEALTH	Date of Bi 04/03/196	_
Dates	Procedure	Desciption	P Modifier Charge F	Paid By Applied to Patient Deductible	Paid by MOLINA	Adjustments Re	emainder
09/22/22	99215	OFFICE VISIT EST/LEVEL 5	563.00		-147.18	-378.27	37.55
01/04/23	99215	OFFICE VISIT EST/LEVEL 5	563.00	-175.47	-182.49	-378.72	1.79
Patient:		Rendering F	Physician:	Chart Number:	Place of Service:	Date of Bi	rth:
CYNTHIA	ALMENDA	AREZ AMANDA G	G. JOHNSON NP	ALMCY000	CLS HEALTH	04/03/196	5
			P	Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge F	Patient Deductible	MOLINA	Adjustments Re	mainder
04/05/23	99214	OFFICE VISIT EST/LEVEL 4	385.00		-87.70	-274.93	22.37

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61.71