

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

ELIZABETH A. AUTRY 5103 DEVON GREEN DR KATY, TX 77449-6039

(832)331-7967

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS AUTEL001	2		
Guarantor	Due Date	Payment Due		

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Date of Birth:

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

ELIZABE	TH A. AUT	RY HEENA S. A	HMED M	ID	AUTEL001	CLS HEALTH	01/15/19	80
Dates	Procedure	Desciption	Modifier		Paid By Applied to Patient Deductible	Paid by BLUE	Adjustments F	Remainder
07/18/24	64635	Destroy lumb/sac facet jnt	50	1,323.0	-177.25	-454.65	-716.80	-25.70
07/18/24	64636	Destroy I/s facet jnt addl	50	1,430.0		-664.90	-543.47	221.63
07/18/24	J2001	Lidocaine injection	59	0.01		0.00		0.01
07/18/24	Q9967	Locm 300-399mg/ml iodine,1ml	59	4.00		0.00	-3.48	0.52
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of E	3irth:
ELIZABE	TH A. AUT	RY MOUSTAFA	M. AHM	IED MD	AUTEL001	CLS HEALTH	01/15/19	80
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	BLUE	Adjustments F	Remainder
10/31/24	80307	Drug test prsmv chem anlyzr		186.00		-25.64	-151.82	8.54

Chart Number:

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

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Amount Due

282.90