

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

J W. ANDREWS 1717 HEATHER LN ALVIN, TX 77511-3019

(281)331-5349

| Statement Date | Invoice Number | Page | |
|----------------|----------------|-------------|--|
| 02/10/2025 | CLS ANDJ0000 | 1 | |
| | | | |
| Guarantor | Due Date | Payment Due | |

| 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: | | ent: 9/23/2 | 9/23/2024 | | Amou | Amount of Last Payment: 0.00 | | |
|-----------------------|-----------|-------------|--------------------|--------------------|------------|---|-----------------------|--|
| Patient: | | Re | ndering Physician: | Chart Number | : Pla | ace of Service: | Date of Birth: | |
| J W. AND | DREWS | ZU | LFIQAR CHEEMA MD | ANDJ0000 | CLS HEALTH | | 02/01/1943 | |
| | | | | Paid By Applied to | Paid by | Paid by AETNA | | |
| Dates | Procedure | Desciption | Modifier Charge | Patient Deductible | MEDICARE | , | Adjustments Remainder | |
| 06/06/23 | 99999 | NO SHOW | 25.00 | | 0.00 | 0.00 | 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

25.00