

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

ROGER O. AUTREY 18072 COUNTY ROAD 463 BRAZORIA, TX 77422-7055

(979)798-1085

Date of Last Payment: 3/20/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS AUTRO001	1	
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Guarantor	Due Date	Payment Due	

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Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -69.60

Patient:	atient: Rendering Physiciar		nysician:	Chart Number:		Place of Service:	Date of Birth:	
ROGER (O. AUTREY	JACK A. SA	SIENE D	P M	AUTRO001	CLS HEALTH	07/04/194	15
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	AETNA	Adjustments R	em ainde r
01/18/24	99203	OFFICE VIST NEW LEVEL 3		338.00		-71.21	-246.79	20.00
02/23/24	11750	Removal of nail bed	TA	484.00		-119.60	-344.40	20.00
Patient:		Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of B	irth:
ROGER C	ROGER O. AUTREY JACK A. SASIENE DPM		AUTRO001			07/04/1945		
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier		Paid By Applied to Patient Deductible	Paid by AETNA	Adjustments R	emainder
Dates 01/18/24		Desciption Static or dynami afo pre ots	Modifier KX		Patient Deductible	AETNA	Adjustments Re	emainder -7.81
		<u>.</u>		Charge	Patient Deductible	AETNA		
		<u>.</u>	KX	Charge	Patient Deductible	AETNA		-7.81
01/18/24 Patient:		Static or dynami afo pre ots Rendering Ph	KX hysician:	Charge 596.00	Patient Deductible -90.00 -54.36	AETNA 5 -109.11	-404.70	-7.81 irth:
01/18/24 Patient:	L4397	Static or dynami afo pre ots Rendering Ph	KX hysician:	Charge 596.00	Patient Deductible -90.00 -54.36 Chart Number:	AETNA -109.11 Place of Service:	-404.70 Date of B	-7.81 irth:
01/18/24 Patient:	L4397	Static or dynami afo pre ots Rendering Ph	KX hysician: SIENE DI	Charge 596.00 PM	Patient Deductible -90.00 -54.36 Chart Number: AUTRO001	AETNA -109.11 Place of Service: CLS HEALTH	-404.70 Date of B	-7.81 irth: 15
01/18/24 Patient: ROGER C	L4397 O. AUTREY Procedure	Static or dynami afo pre ots Rendering Pr JACK A. SA	KX hysician: SIENE DI	Charge 596.00 PM	Patient Deductible -90.00 -54.36 Chart Number: AUTRO001 Paid By Applied to	AETNA -109.11 Place of Service: CLS HEALTH Paid by	-404.70 Date of B 07/04/194	-7.81 irth: 15

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 lf remitting payment via mail in check, Please include statement.

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Amount Due

12.19