




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

BILLIE J. AVERY  
3400 BURKE RD APT NO217  
PASADENA, TX 77504-2028

(346)219-4194

Statement Date	Invoice Number	Page
02/10/2025	CLS AVEBI000	1
Guarantor	Due Date	Payment Due
BILLIE J. AVERY	Upon Receipt	161.63

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment:	4/23/2024	Amount of Last Payment:	-63.35
-----------------------	-----------	-------------------------	--------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BILLIE J. AVERY	AHMAD S. AL-TAWEEL MD	AVEBI000	BAYSHORE	02/15/1933

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
03/14/24	99223	1ST HOSP IP/OBS HIGH 75	25	521.00			-139.12	-346.60	35.28
03/14/24	93306	Tte w/doppler complete	26	230.00			-54.14	-162.13	13.73

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BILLIE J. AVERY	DAVID HAMER MD	AVEBI000	BAYSHORE	02/15/1933

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
03/16/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00			-95.29	-237.54	24.17

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
BILLIE J. AVERY	AHMAD S. AL-TAWEEL MD	AVEBI000	BAYSHORE	02/15/1933

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Adjustments	Remainder
03/15/24	99233	SBSQ HOSP IP/OBS HIGH 50		357.00			-95.29	-237.54	24.17
03/18/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-63.35	-157.58	16.07
03/19/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-63.35	-157.58	16.07
03/20/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-63.35	-157.58	16.07
03/21/24	99232	SBSQ HOSP IP/OBS MODERATE 35		237.00			-63.35	-157.58	16.07

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](https://cls.health/payment)

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

Amount Due
161.63