

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

DIAMONIQUE R. AMBROISE 7307 PLOVER CIR TEXAS CITY, TX 77591-3505

Rendering Physician:

(409)655-8875

Date of Last Payment: 9/13/2024

Patient:

	Statement Date	Invoice Number	Page	
	02/10/2025	CLS AMBDI000	1	
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Ī	Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -20.00

DIAMONIQUE R.	RUDI	Y LOZANO CARREON MD AMBDIUUU	CLS HEALTH	06/11/1987	
		Paid By Applied to	Paid by		
Dates Procedu	re Desciption	Modifier Charge Patient Deductible	ENTRUST	Adjustments Remainder	

Chart Number:

Dates	Procedure	Desciption	Modifi		Patient Deductible		Adjustments	Remainder
04/18/24	99214	OFFICE VISIT EST/LEVEL 4	95	387.00		-108.80	-258.20	20.00

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

20.00