



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

LAVERNE M. ANDERSON  
3401 MAGNOLIA ST APT 823  
TEXAS CITY, TX 77590-4337

(281)630-8126

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDLA003	1
Guarantor	Due Date	Payment Due
LAVERNE M.	Upon Receipt	27.78

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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAVERNE M. ANDERSON	MOUSTAFA M. AHMED MD	ANDLA003	CLS HEALTH	10/10/1947

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
10/23/23	99204	OFFICE VIST NEW LEVEL 4	25	503.00	-27.00		WELLMED	-134.67	7.35
10/02/23	99999	NO SHOW		25.00				0.00	25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
LAVERNE M. ANDERSON	CATHERINE I. AGALA FNP-C	ANDLA003	CLS HEALTH	10/10/1947

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
12/18/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-26.94		WELLMED	-87.70	-4.57

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