

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

SHONA S. ADAMS 2211 AVENUE L SANTA FE, TX 77510-7931

(512)430-3772

Date of Last Payment: 9/16/2022

Patient:

Statement Date	Invoice Number	Page		
02/10/2025	CLS ADASH001	1		
Guarantor	Due Date	Payment Due		

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Date of Birth:

CLS HEALTH PLLC

PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: 0.00

NA S. ADAMS OMAR ALB		USTAMI MD		ADASH001	UTMB 07/14/1964		964
				Paid By Applied to	Paid by		
Procedure	Desciption	Modifier	Charge	Patient Deductible	ТМНР	Adjustments	Remainder
99291	CRITICAL CARE 1ST HOUR	25	672.00		0.00	-447.95	224.05
36556	Insert non-tunnel cv cath		261.00		0.00	-30.34	230.66
76937	Us guide vascular access	26	45.00		0.00	-30.81	14.19
99233	HOSPITAL, SUBSEQUENT, HIGH		315.00		0.00	-173.84	141.16
	Procedure 99291 36556 76937	Procedure Desciption 99291 CRITICAL CARE 1ST HOUR 36556 Insert non-tunnel cv cath 76937 Us guide vascular access	ProcedureDesciptionModifier99291CRITICAL CARE 1ST HOUR2536556Insert non-tunnel cv cath76937Us guide vascular access26	Procedure Desciption Modifier Charge 99291 CRITICAL CARE 1ST HOUR 25 672.00 36556 Insert non-tunnel cv cath 261.00 76937 Us guide vascular access 26 45.00	Procedure Desciption Modifier Charge Paid By Applied to Posciption Security Patient Deductible CRITICAL CARE 1ST HOUR 25 672.00 36556 Insert non-tunnel cycath 261.00 76937 Us guide vascular access 26 45.00	Procedure Desciption Modifier Charge Paid By Applied to Paid by TMHP 99291 CRITICAL CARE 1ST HOUR 25 672.00 0.00 36556 Insert non-tunnel cv cath 261.00 0.00 76937 Us guide vascular access 26 45.00 0.00	Procedure Desciption Modifier Charge Patient Deductible TMHP Adjustments 99291 CRITICAL CARE 1ST HOUR 25 672.00 0.00 -447.95 36556 Insert non-tunnel cv cath 261.00 0.00 -30.34 76937 Us guide vascular access 26 45.00 0.00 -30.81

Chart Number:

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

To make a payment online, go to cls.health/payment

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

Amount Due

610.06