



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

DAVID AYERS
4403 9TH ST TRLR 31
BACLIF, TX 77518-2483

(832)340-3692

Statement Date	Invoice Number	Page
02/10/2025	CLS AYEDA000	1
Guarantor	Due Date	Payment Due
DAVID AYERS	Upon Receipt	584.96

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

Date of Last Payment:		Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAVID AYERS	LUIGI TERMINELLA MD	AYEDA000	UTMB	08/31/1962

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	TMHP		
06/27/22	99255	HOSPITAL CONSULT/INITIAL/LEVEL 5		495.00			0.00	-330.00	165.00
06/28/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
06/29/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
06/30/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99
07/01/22	99233	HOSPITAL, SUBSEQUENT , HIGH		315.00			0.00	-210.01	104.99

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
584.96