



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

FELISHA A. AVILA  
9707 MONTANA SAPPHIRE LN  
ROSHARON, TX 77583-5197

(832)434-9775

Statement Date	Invoice Number	Page
02/10/2025	CLS AVIFE000	1
Guarantor	Due Date	Payment Due
FELISHA A. AVILA	Upon Receipt	613.01

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:	Amount of Last Payment: 0.00
-----------------------	------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FELISHA A. AVILA	NISARG PATEL MD	AVIFE000	UTMB	07/28/1979

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
10/20/21	99220	Observation, Initial - High Severity		559.00			0.00	-372.69	186.31

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FELISHA A. AVILA	EMRAN ABU ATHERAH MD	AVIFE000	UTMB	07/28/1979

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
10/21/21	99226	Subsequent observation care		318.00			0.00	-212.14	105.86

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
FELISHA A. AVILA	EMRAN ABU ATHERAH MD	AVIFE000	UTMB	07/28/1979

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by SELF PAY	Adjustments	Remainder
10/22/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
10/23/21	99233	HOSPITAL, SUBSEQUENT , HIGH		318.00			0.00	-212.14	105.86
10/24/21	99239	HOSPITAL DISCHARGE, LONG		327.00			0.00	-217.88	109.12

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
<b>613.01</b>