



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

ROSILYNN D. ANDREWS
3419 GOLDEN CYPRESS LN
PEARLAND, TX 77584-0511

(832)270-5990

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDRO018	1
Guarantor	Due Date	Payment Due
ROSILYNN D.	Upon Receipt	162.40

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: 12/10/2024			Amount of Last Payment: -374.14		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
ROSILYNN D. ANDREWS	JOANNA SCOON MD	ANDRO018	CLS HEALTH	03/22/1974	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/02/24	99205	OFFICE VIST NEW LEVEL 5		669.00	-42.65	-205.05	0.00	-463.95	162.40

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
162.40