



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

GRACE A. ANDERSONS  
272 AUSTIN ST  
ANGLETON, TX 77515-4102

(979)319-6355

| Statement Date | Invoice Number | Page        |
|----------------|----------------|-------------|
| 02/10/2025     | CLS ANDGR001   | 1           |
| Guarantor      | Due Date       | Payment Due |
| GRACE A.       | Upon Receipt   | 40.00       |

| Pay Online  |   |
|---|---|
| Go to: <a href="https://cls.health/payment">cls.health/payment</a><br>or scan the QR Code |  |
| Make Checks Payable To:   |   |
| CLS HEALTH PLLC<br>PO BOX 58538<br>Webster, TX 77598                                      |   |

| Date of Last Payment: 4/20/2023 |                       |               | Amount of Last Payment: -2,124.57 |                |  |
|---------------------------------|-----------------------|---------------|-----------------------------------|----------------|--|
| Patient:                        | Rendering Physician:  | Chart Number: | Place of Service:                 | Date of Birth: |  |
| GRACE A. ANDERSONS              | JIHAD M. HARMOUCHE MD | ANDGR001      | CLS HEALTH                        | 09/06/1980     |  |

| Dates    | Procedure | Description              | Modifier | Charge | Paid By | Applied to         | Paid by | Adjustments | Remainder |
|----------|-----------|--------------------------|----------|--------|---------|--------------------|---------|-------------|-----------|
| 10/17/22 | 99214     | OFFICE VISIT EST/LEVEL 4 |          | 400.00 |         | Patient Deductible | BLUE    | -294.12     | 40.00     |

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 |
|------------|
| 40.00      |