

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

Date of Last Payment: 12/24/2021

Patient:

JOE C. ANCAJAS 11901 SANTA MONICA BLVD STE 361 LOS ANGELES, CA 90025-2767 (310)622-3027

Rendering Physician:

Statement Date	Invoice Number	Page
02/10/2025	CLS ANCJO000	1
Guarantor	Due Date	Payment Due

Pay Online	
Go to: cls.health/payment or scan the QR Code	

**Make Checks Payable To:** 

Date of Birth:

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: 0.00

JOE C. ANCAJAS		JIRIES S. DAHU MD		ANCJO000	ST.LUKE'S	09/15/1960
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE	Adjustments Remainder
09/13/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-45.34	272.66
09/14/21	99233	HOSPITAL, SUBSEQUENT, HIGH	318.00		-45.34	272.66
09/15/21	99239	HOSPITAL DISCHARGE, LONG	327.00		-52.87	274.13

Chart Number:

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

819.45