



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

WILLIAM H. ASHLEY
4003 N WATER IRIS CT
HOUSTON, TX 77059-3013

(281)286-3674

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHWI000	1
Guarantor	Due Date	Payment Due
WILLIAM H.	Upon Receipt	60.00

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: 9/9/2024	Amount of Last Payment: -102.77
--------------------------------	---------------------------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILLIAM H. ASHLEY	VENKATA K. JONNA MD	ASHWI000	CLS HEALTH	01/27/1954

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by HUMANA	Adjustments	Remainder
01/02/24	73562	X-ray exam of knee 3	LT	122.00		-23.22	-83.78	15.00
01/27/24	73562	X-ray exam of knee 3	LT	122.00		-23.22	-83.78	15.00
02/06/24	73562	X-ray exam of knee 3	LT	122.00		-23.22	-83.78	15.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
WILLIAM H. ASHLEY	REGINA R. PILLAI MD	ASHWI000	CLS HEALTH	01/27/1954

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by HUMANA	Adjustments	Remainder
03/27/24	71046	X-ray exam chest 2 views		101.00		-17.02	-68.98	15.00

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

If remitting payment via mail in check, Please include statement.

Amount Due
60.00