

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

ALMA D. ALDAPE 715 FM 1959 RD APT 1004 HOUSTON, TX 77034-5478

(281)919-8914

Date of Last Payment: 11/7/2023

Patient:

ALMA D. ALDAPE

Į	Statement Date	Invoice Number	Page		
	02/10/2025	CLS ALDAL000	1		
	Guarantor	Due Date	Payment Due		
Γ		Upon Receipt	36 11		

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-86.09

Date of Birth:

12/01/1960

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment:

Place of Service:

BAY AREA

Dates	Procedure	Desciption	Modifier		Paid By Appli Patient Deduc		Paid by Imbetter		Adjustments l	Remainder
05/12/23	45378	Diagnostic colonoscopy		554.00	-100.00		-132.54		-364.66	-43.20
Patient:		Rendering Physician:		Chart Number:		Place of Se	ervice:	Date of Birth:		
ALMA D.	ALMA D. ALDAPE DANNY M. MOUNIR MD		/ID	ALDAL000 CLS HEALTH		TH.	12/01/1960			
					Paid By Appli	ied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient Dedu	ctible A	mbetter		Adjustments l	Remainder
06/21/23	99205	OFFICE VIST NEW LEVEL 5	25	664.00	-23.00		-226.76		-437.24	-23.00
06/21/23	51741	Electro-uroflowmetry first		43.00			-5.12		-35.68	2.20
07/05/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-41.90		-106.60		-253.40	-16.90
07/05/23	57160	Insert pessary/other device		228.00		-77.99	0.00		-150.01	77.99
07/05/23	51798	Us urine capacity measure		32.00		-5.53	0.00		-26.47	5.53
07/05/23	81001	Urinalysis auto w/scope		10.00		-1.59	0.00		-8.41	1.59
Patient:		Rendering Physician:		Chart Nu	Chart Number: Place of Service:		ervice:	Date of Birth:		
ALMA D.	ALDAPE	JIHAD M. H	ARMOUC	HE MD	ALDAL000		CLS HEALTH		12/01/1960	
					Paid By Appli	ied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient Deduc	ctible A	mbetter		Adjustments I	Remainder
06/07/23	99386	86 Prevvisit new ag e 40-64		334.00	-5.00		-153.04		-180.96	-5.00

Chart Number:

ALDAL000

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

ZEID F. KARADSHEH MD

To make a payment online, go to cls.health/payment

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

Amount Due

Continued