

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

LAVERN G. ALLEN 2108 BENNIGAN ST LEAGUE CITY, TX 77573-4930

(832)683-2786

Date of Last Payment: 8/17/2023

07/01/22 99214

	Statement Date	Invoice Number	Page		
	02/10/2025	CLS ALLLA000	1		
	Guarantor	Due Date	Payment Due		
ſ	LAVERN G	Unon Receipt	10.00		

Webster, TX 77598

Amount of Last Payment: 0.00

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CLS HEALTH PLLC						
PO BOX 58538						

Amount of East raymont. 0.00								
Patient:		Rendering Physician: REGINA R. PILLAI MD		Chart Number:		ace of Service:	Date of Birth:	
LAVERN	G. ALLEN	KEGINA K.	PILLAI WID	ALLLAUUU	LLLA000 CLS HEALTH		08/07/1953	
Detec	Dunna di una	De caintie a		Paid By Applied to	•	Paid by AARP		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE		Adjustments R	æmainder
01/20/21	76377	3D Render W/Intrp Postproces	224.00	-14.91	1 -59.83	0.00	-149.26	14.91
Patient:		Rendering Physician: Chart Numbe		Chart Number:	Place of Service:		Date of Birth:	
LAVERN G. ALLEN			ABDELNASER ELKHALILI MD		CL	_S HEALTH	08/07/1953	
				Paid By Applied to	•	Paid by AARP		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE		Adjustments R	<b>emainder</b>
08/17/21	96401	Chemo anti-neopl sq/im	508.00		-136.87	-33.81	-338.94	-1.62
Patient:		Rendering Physician: Chart Number:		. Pli	ace of Service:	Date of Birth:		
LAVERN G. ALLEN		REGINA PILLAI MD ALLLA000		CL	_S HEALTH	08/07/1953		
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	•	Paid by AARP	Adimeter anto F	2om sindor
				- Talletti Deductibic			Adjustments R	
07/19/21	94729	Co/membane diffuse capacity	186.00		-49.80	-12.41	-113.79	10.00
Patient: Rendering Physician:		hysician:	Chart Number: Place of Service:		Date of Birth:			
LAVERN G. ALLEN		<b>3</b> ,		ID ALLLA000	ALLLA000 CLS HEALTH		08/07/1953	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by MEDICARE	Paid by AARP	Adjustments R	Remainder

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

25

400.00

-5.00

-105.73

-26.64

OFFICE VISIT EST/LEVEL 4

Amount Due

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

18.29

-267.63

-5.00