



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

CION ANDERSON  
4104 S MERIDIAN GREENS DR  
DICKINSON, TX 77539-8393

(504)231-8249

| Statement Date | Invoice Number | Page        |
|----------------|----------------|-------------|
| 02/10/2025     | CLS ANDCI000   | 1           |
| Guarantor      | Due Date       | Payment Due |
| CION ANDERSON  | Upon Receipt   | 73.40       |

| 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: <b>4/23/2024</b> | Amount of Last Payment: <b>0.00</b> |
|--|-------------------------------------|

|                                  |  |                                  |                                  |                                     |
|----------------------------------|--|----------------------------------|----------------------------------|-------------------------------------|
| Patient:<br><b>CION ANDERSON</b> | Rendering Physician:<br><b>KAREEM GADELMOLA MD</b> | Chart Number:<br><b>ANDCI000</b> | Place of Service:<br><b>UTMB</b> | Date of Birth:<br><b>03/18/1970</b> |
|----------------------------------|--|----------------------------------|----------------------------------|-------------------------------------|

| Dates    | Procedure | Description             | Modifier | Charge | Paid By<br>Patient | Applied to<br>Deductible | Paid by<br>BLUE | Adjustments | Remainder |
|----------|-----------|-------------------------|----------|--------|--------------------|--------------------------|-----------------|-------------|-----------|
| 04/02/24 | 99223     | 1ST HOSP IP/OBS HIGH 75 |          | 521.00 |                    |                          | -112.94         | -359.66     | 48.40     |

|                                  |   |                                  |  |                                     |
|----------------------------------|---|----------------------------------|--|-------------------------------------|
| Patient:<br><b>CION ANDERSON</b> | Rendering Physician:<br><b>MOHAMED A. KHALIL MD</b> | Chart Number:<br><b>ANDCI000</b> | Place of Service:<br><b>CLS HEALTH</b> | Date of Birth:<br><b>03/18/1970</b> |
|----------------------------------|---|----------------------------------|--|-------------------------------------|

| Dates    | Procedure | Description | Modifier | Charge | Paid By<br>Patient | Applied to<br>Deductible | Paid by<br>BLUE | Adjustments | Remainder |
|----------|-----------|-------------|----------|--------|--------------------|--------------------------|-----------------|-------------|-----------|
| 05/20/24 | 99999     | NO SHOW     |          | 25.00  |                    |                          | 0.00            |             | 25.00     |

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   |
|--------------|
| <b>73.40</b> |