

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

LETHENAIL AUSTIN 229 3RD AVE N TEXAS CITY, TX 77590-7918

(409)655-0137

Date of Last Payment: 12/16/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS AUSLE000	1	
Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -242.50

Patient:		Renderin	g Physician:	Chart Number:	Place of Service:	Date of B	irth:
LETHENAIL AUSTIN		I ZULFIQA	ZULFIQAR CHEEMA MD		CLS HEALTH	06/18/1941	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	WELLMED	Adjustments R	emainder
10/07/21	93925	Lower extremity study	802.00		-77.09	-574.91	150.00
10/13/22	93880	Extracranial bilat study	614.00	-20.00	-54.75	-409.25	130.00
01/12/23	93880	Extracranial bilat study	579.00	-15.00	-47.98	-381.02	135.00
<u></u>							
Patient: Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:			
LETHENAIL AUSTIN ZULFIQAR CHEEMA MD		AUSLE000	CLS HEALTH	06/18/1941			
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	WELLMED	Adjustments Remainder	
10/28/22	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

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

Amount Due

440.00