

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

BRITTANY M. ANDREWS 8314 CHERRY BLOSSOM DR HIGHLANDS, TX 77562-3180

(346)233-5714

Date of Last Payment: 9/19/2024

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANDBR004	1		
Guarantor	Due Date	Payment Due		
Guarantor	Due Bate	r aymont bao		

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Amount of Last Payment: -72.15

Patient:		Rendering	Physician:	Chart Number:	Pla	ace of Service:	Date of E	Birth:
BRITTAN	IY M. ANDF	REWS JIHAD M.	HARMOUCHE MD	ANDBR004	CL	S HEALTH	11/24/19	97
Dates	Procedure	Desciption	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Paid by COMMUNIT	Adjustments F	Remainder
10/21/23	99204	OFFICE VIST NEW LEVEL 4	503.00	-35.00	-141.03	0.00	-341.97	-15.00
11/01/23	81000	Urinalysis nonauto w/scope	12.00		0.00	0.00	-9.31	2.69
11/29/23	81000	Urinalysis nonauto w/scope	12.00		0.00	0.00	-9.31	2.69
01/03/24	81000	Urinalysis nonauto w/scope	12.00		0.00	0.00	-9.31	2.69
02/20/24	81000	Urinalysis nonauto w/scope	12.00		0.00	0.00	-9.19	2.81
03/19/24	81000	Urinalysis nonauto w/scope	12.00		0.00	0.00	-9.19	2.81
Patient:		Rendering	Physician:	Chart Number:	Pla	ace of Service:	Date of E	Birth:
BRITTANY M. ANDR		REWS MICHAEL	G. BARACY MD	ANDBR004	CLEAR LAKE		11/24/1997	
Dates	Procedure	Desciption	Modifier Charge	Paid By Applied to Patient Deductible	Paid by BLUE	Paid by COMMUNIT	Adjustments F	Remainder
04/26/24	99236	HOSP IP/OBS SAME DATE HI 85	626.00	-194.05	0.00	-181.15	-431.95	12.90
Patient: BRITTAN	IY M. ANDR	•	Physician: HARMOUCHE MD	Chart Number: ANDBR004		ace of Service:	Date of E	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	BLUE		Adjustments F	Remainder
04/30/24	87481	Candida dna amp probe	59 525.00		-76.50		-428.50	20.00

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

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Amount Due

31.59