

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

LESA B. ANDERSON 1120 FM 222 LOOP N COLDSPRING, TX 77331-7308

(409)795-7340

Date of Last Payment: 12/5/2024

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ANDLE000 | 1 |
| | | |
| Guarantor | Due Date | Payment Due |

| Pay Online | |
|---|--|
| Go to: cls.health/payment or scan the QR Code | |
| | |

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: 0.00

| Patient: | | | Rendering Phy | ysician: | | Chart Number: | Pla | ice of Service: | Date of E | Birth: |
|---------------------|---|----------------|----------------------------|---------------------|---------------|---|---------------------|----------------------------------|-----------------------|------------------------------|
| LESA B. | ANDERSON | 1 | ABDELNASE | R ELKHA | LILI M | D ANDLE000 | CL | S HEALTH | 11/16/19 | 62 |
| Dates | Procedure | Desciptio | on _ | Modifier C | | Paid By Applied to Patient Deductible | Paid by MEDICARE | Paid by BLUE | Adjustments I | Remainder |
| 01/11/24 | 99215 | OFFICE VISIT E | EST/LEVEL 5 | | 546.00 | | -121.24 | -72.78 | -388.37 | -36.39 |
| Patient: | | | Rendering Phy | vsician: | | Chart Number: | Pla | ice of Service: | Date of E | Birth: |
| | ANDERSON | ١ | ZEID F. KARA | • | MD | ANDLE000 | | Y AREA | 11/16/19 | |
| Detec | 5 · · · · · · · · · · · · · · · · · · · | D alutia | | | | Paid By Applied to Patient Deductible | Paid by | Paid by BLUE | | |
| Dates | Procedure | Desciptio | ۱n - | MAGITIARI | hargo | Dationt Dodictions | MEDICADE | | A alia 4a a4a 1 | Damaindar I |
| 4 | | | | Wiodille C | -iiai ge | Tatient Deductible | WIEDICARE | | Adjustments I | temamuer |
| 12/01/23 | 99999 | NO SHOW | <u></u> | <u> </u> | 25.00 | Tatient beductible | 0.00 | 0.00 | Adjustments | 25.00 |
| 12/01/23 Patient: | 99999 | | Rendering Phy | | | Chart Number: | 0.00 | 0.00 | Date of E | 25.00 |
| Patient: | 99999 | NO SHOW | | ysician: | 25.00 | | 0.00 Pla | | - | 25.00 Birth: |
| Patient: | | NO SHOW | Rendering Phy AMANDA G. | ysician: JOHNSON | 25.00 N NP | Chart Number: | 0.00 Pla CL Paid by | ice of Service: | Date of E | 25.00 Birth: 62 |
| Patient: LESA B. | ANDERSON | NO SHOW | Rendering Phy AMANDA G. | ysician: JOHNSON | 25.00 N NP | Chart Number: ANDLE000 Paid By Applied to | 0.00 Pla CL Paid by | ice of Service: S HEALTH Paid by | Date of E 11/16/19 | 25.00 Birth: 62 |

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

13.61