

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

MARIA AMARO 2003 S FISHER CT PASADENA, TX 77502-5544

(713)927-4641

Date of Last Payment: 4/25/2024

|   | Statement Date | Invoice Number | Page        |  |
|---|----------------|----------------|-------------|--|
|   | 02/10/2025     | CLS AMAMA001   | 1           |  |
|   | Guarantor      | Due Date       | Payment Due |  |
| L |                |                |             |  |

| 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: -23.54

| Patient:    |           | Rendering Physician: |                 | Chart Number:      | Place of Service:   | Date of Birth: |            |
|-------------|-----------|----------------------|-----------------|--------------------|---------------------|----------------|------------|
| MARIA AMARO |           | AHMED A. MORSY MD    |                 | AMAMA001           | CLS HEALTH 04/24/19 |                | 62         |
|             |           |                      |                 | Paid By Applied to | Paid by             |                |            |
| Dates       | Procedure | Desciption           | Modifier Charge | Patient Deductible | Friday              | Adjustments R  | em ainde r |
| 09/28/22    | 73630     | X-ray exam of foot   | 220.00          | -75.35             | 0.00                | -135.80        | 8.85       |
| 09/28/22    | 73130     | X-ray exam of hand   | 232.00          |                    | 0.00                | -142.90        | 89.10      |

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

97.95