




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

SARAH AMOS
8843 DONLEY DR
HOUSTON, TX 77088-3429

(281)381-5833

Statement Date	Invoice Number	Page
02/10/2025	CLS AMOSA000	1
Guarantor	Due Date	Payment Due
SARAH AMOS	Upon Receipt	87.66

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	

Date of Last Payment:	Amount of Last Payment: 0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SARAH AMOS	NISARG PATEL MD	AMOSA000	HARBOR	11/23/1934

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by MEDICARE	Paid by TMHP	Adjustments	Remainder
05/23/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	0.00	-145.76	14.61
05/25/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	0.00	-145.76	14.61
05/26/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	0.00	-145.76	14.61
05/27/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	0.00	-145.76	14.61
05/28/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	0.00	-145.76	14.61
05/29/22	99232	HOSPITAL , SUBSEQUENT, MOD	GW	219.00		-14.61	-58.63	0.00	-145.76	14.61

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
87.66