

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

DULCE M. ANDRADE 3207 SUITER WAY PASADENA, TX 77503-2151

(832)455-4310

Date of Last Payment: 12/13/2024

Dates

01/11/24

01/11/24

99214

96413

Procedure Desciption

OFFICE VISIT EST/LEVEL 4

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

Chemo ivinfusion 1 hr

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANDDU000	1		
Guarantor	Due Date	Payment Due		
DUI CE M	Upon Receipt	21.03		

PO BOX 58538 Webster, TX 77598

Paid by

0.00

-15.32

MUTUAL

Paid by

0.00

-51.04

Amount of Last Payment: -516.06

Pay Online						
Go to: cls.health/payment						
or scan the QR Code						
Make Checks Payable To:						
CLS HEALTH PLLC						

Patient:			ering Physician:		Chart N	lumber:	Pla	ace of Service:	Date of	Birth:
DULCE M. ANDRADE ABDEL		LNASER ELKHA	ASER ELKHALILI MD		ANDDU000		S HEALTH	09/12/1954		
				Pai	id By App	plied to	Paid by	Paid by MUTUAL		
Dates	Procedure	Desciption	Modifier	Charge Pa	tient Ded	uctible 1	/IEDICARE	WOIGAL	Adjustments	Remainder
01/18/21	99214	OFFICE VISIT EST/LEVEL	4	404.00	-149.57	-26.91	-108.95	-26.91	-268.14	-149.57
Patient:	nt: Rendering Physician:		Chart Number:		Place of Service:		Date of Birth:			
DULCE M. ANDRADE ABDELNASER ELKHAL		ALILI MD	ANDDU	ANDDU000 CLS		S HEALTH	09/12/1954			
Dates	Procedure	Desciption	Modifier	Pai Charge Pa	id By App atient Ded	-	Paid by	Paid by MUTUAL	Adjustments	Remainder
01/17/23	99213	OFFICE VISIT EST/LEVEL		272.00		-93.05		0.00	-178.95	93.05
01/17/23		Chemo ivinfusion 1 hr		394.00		-53.86	-63.36	-16.16	-260.62	53.86
Patient:		Rende	ering Physician:		Chart N	lumber:	Pla	ace of Service:	Date of	Birth:
DULCE M	I. ANDRAD		ELNASER ELKHA	ALILI MD	ANDDU	J000	CL	S HEALTH	09/12/19	954
Dates	Procedure	Desciption	Modifier	Pai Charge Pa	id By App	-	Paid by	Paid by MUTUAL	Adjustments	Remainder
01/04/22		OFFICE VISIT EST/LEVEL		400.00	-149.57	-133.20		0.00	-266.80	-16.37
01/04/22	00211	Chemo anti-neopl sq/im	20	480.00	1.0.0.	-111.81		-12.01	-319.56	99.80
Patient:		Rende	ering Physician:		Chart N	lumber:	Pla	ace of Service:	Date of	Birth:
DULCE M	I. ANDRADI	E ABDE	LNASER ELKHA	ALILI MD	ANDDU	J000	CL	S HEALTH	09/12/19	954

Paid By Applied to

-129.00

-51.86

Modifier Charge Patient Deductible MEDICARE

-240.00

387.00

385.00

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

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Continued

Amount Due

Adjustments Remainder

-111.00

51.86

-258.00

-266.78