

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

JESSICA S. ANDREWS 6507 BELL ST HITCHCOCK, TX 77563-1969

NO SHOW

NO SHOW

(832)487-3569

12/14/23

03/13/24

Dates

08/05/24

80307

99999

99999

Statement Date	Invoice Number	Page
02/10/2025	CLS ANDJE003	2
Guarantor	Due Date	Payment Due

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

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25.00

25.00

**CLS HEALTH PLLC** PO BOX 58538 Webster, TX 77598

0.00

0.00

-23.30

Patient:		Renderin	g Physician:	Chart Number:	Place of Service:	Date of Birth:
JESSICA	S. ANDRE	WS CATHER	INE I. AGALA FNP-	C ANDJE003	CLS HEALTH	12/06/1968
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption		Patient Deductible	CASH	Adjustments Remainde
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12/22/23	99214	OFFICE VISIT EST/LEVEL 4	25 385.00	-290.00	0.00	-285.00 -190.00
07/03/23	99999	NO SHOW	25.00		0.00	25.00
Patient:		Renderin	g Physician:	Chart Number:	Place of Service:	Date of Birth:
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JESSICA	S. ANDRE	WS MOUSTA	AFA M. AHMED MD	ANDJE003	CLS HEALTH	12/06/1968
JESSICA	5. ANDRE	WS MOUSTA		Paid By Applied to	Paid by	12/06/1968
Dates	Procedure	Desciption				12/06/1968  Adjustments Remainde
				Paid By Applied to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Paid By Applied to	Paid by CASH	Adjustments Remainde
<b>Dates</b> 12/22/23	Procedure 80307	<b>Desciption</b> Drug test prsmv chem anlyzr	Modifier Charge	Paid By Applied to	Paid by CASH 0.00	Adjustments Remainde -124.00 62.00
<b>Dates</b> 12/22/23	Procedure 80307	<b>Desciption</b> Drug test prsmv chem anlyzr  Drug test def 22+ classes	Modifier Charge	Paid By Applied to	Paid by CASH 0.00	Adjustments Remainde -124.00 62.00
Dates 12/22/23 12/22/23 Patient:	Procedure 80307	Desciption  Drug test prsmv chem anlyzr  Drug test def 22+ classes  Renderin	<b>Modifier Charge</b> 186.00 741.00	Paid By Applied to Patient Deductible	Paid by CASH 0.00 0.00	Adjustments Remainde -124.00 62.00 -494.00 247.00

Modifier Charge Patient Deductible Ambetter

186.00

25.00

25.00

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

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Procedure Desciption

Drug test prsmv chem anlyzr

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

Amount Due

Adjustments Remainder

7.77

-154.93

296.77