



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

TRINIDAD J. ALMANZA
4221 AVENUE R
GALVESTON, TX 77550-6920

(409)457-8302

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALMTR000 | 2 |
| Guarantor | Due Date | Payment Due |
| TRINIDAD J. | Upon Receipt | 6787.80 |

| 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 | |

| | | | | | | |
|----------|-------|-----------------------------|--------|------|---------|--------|
| 04/05/21 | 99232 | HOSPITAL , SUBSEQUENT , MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/06/21 | 99232 | HOSPITAL , SUBSEQUENT , MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/07/21 | 99232 | HOSPITAL , SUBSEQUENT , MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/08/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/09/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/10/21 | 99232 | HOSPITAL , SUBSEQUENT , MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/11/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/12/21 | 99232 | HOSPITAL , SUBSEQUENT , MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/13/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/14/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/15/21 | 99232 | HOSPITAL , SUBSEQUENT , MOD | 221.00 | 0.00 | -147.34 | 73.66 |
| 04/16/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/19/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |
| 04/20/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | 318.00 | 0.00 | -212.00 | 106.00 |

| | | | | |
|---------------------|----------------------|---------------|-------------------|----------------|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: |
| TRINIDAD J. ALMANZA | SHAFRAZ MOHAMMED MD | ALMTR000 | TRIUMPH/KIND | 04/13/1946 |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|-----------------------------|----------|--------|---------|------------|----------|-------------|-----------|
| | | | | | Patient | Deductible | MEDICARE | | |
| 03/20/21 | 99223 | INITIAL HOSPITAL/HIGH | AI | 616.00 | | | 0.00 | -410.76 | 205.24 |
| 03/20/21 | 99497 | Advnod care plan 30 min | | 241.00 | | | 0.00 | -160.51 | 80.49 |
| 03/21/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/22/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/23/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/24/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/25/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/26/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/27/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |
| 03/28/21 | 99233 | HOSPITAL, SUBSEQUENT , HIGH | | 318.00 | | | 0.00 | -212.14 | 105.86 |

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

Continued