



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

KATERI ANGEL-WILLIAMS
903 RESEDA DR
HOUSTON, TX 77062-5106

(281)686-3552

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGKA000	4
Guarantor	Due Date	Payment Due
KATERI ANGEL-	Upon Receipt	284.08

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

06/05/24	96413	Chemo iv infusion 1 hr		385.00	-112.20	0.00	-272.80	112.20
07/03/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-257.00	-106.56	0.00	-280.44
07/03/24	96413	Chemo iv infusion 1 hr		385.00	-112.20	0.00	-272.80	112.20
07/31/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-106.56	0.00	-280.44	106.56
07/31/24	96413	Chemo iv infusion 1 hr		385.00	-112.20	0.00	-272.80	112.20

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KATERI ANGEL-WILLIAMS	AMANDA G. JOHNSON NP	ANGKA000	CLS HEALTH	02/01/1966

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	AETNA		
03/25/24	99214	OFFICE VISIT EST/LEVEL 4	25	387.00	-149.57	-90.58	0.00	-296.42	-58.99
03/25/24	20600	Drain/inj joint/bursa w/o us	F3	164.00		-41.57	0.00	-122.43	41.57
03/25/24	20610	Drain/inj joint/bursa w/o us	F4	199.00		-50.80	0.00	-148.20	50.80
03/25/24	J3301	Triamcinolone acet inj nos		12.00		-3.43	0.00	-8.57	3.43

Have a question about your balance, or need to update your insurance information with us?

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Amount Due
284.08