



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

JENNIFER A. ALMANZA
1413 ROSHARON RD TRLR 28
ALVIN, TX 77511-4049

(832)561-8438

Statement Date	Invoice Number	Page
02/10/2025	CLS ALMJE000	1
Guarantor	Due Date	Payment Due
JENNIFER A.	Upon Receipt	13.73

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:	9/13/2022	Amount of Last Payment:	-6.16
-----------------------	-----------	-------------------------	-------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JENNIFER A. ALMANZA	ROHIT R. DHIR MD	ALMJE000	CLS HEALTH	07/01/1982

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
05/04/22	81000	Urinalysis nonauto w/scope		12.00			-2.16	-9.31	0.53

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JENNIFER A. ALMANZA	JIHAD M. HARMOUCHE MD	ALMJE000	CLS HEALTH	07/01/1982

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
05/16/22	99215	OFFICE VISIT EST/LEVEL 5		563.00		-32.63	-107.60	-420.40	2.37
05/16/22	S8301	Infection control supplies, not otherwis		122.00			-32.54	-81.33	8.13

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JENNIFER A. ALMANZA	DANNY M. MOUNIR MD	ALMJE000	CLS HEALTH	07/01/1982

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
06/03/22	52000	Cystoscopy		779.00		-49.59	-251.20	-492.80	-14.59

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
JENNIFER A. ALMANZA	JIHAD M. HARMOUCHE MD	ALMJE000	MAINLAND	07/01/1982

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
06/10/22	58571	TLH W/T/O 250 G OR LESS		2,855.0		-170.10 -171.30	-685.22	-1,998.48	1.20

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