

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

TIMOTHY D. ADAMS 3738 SOMERTON DR LA PORTE, TX 77571-7615

(346)350-4584

Date of Last Payment: 7/24/2024

Statement Date	Invoice Number	Page	
02/10/2025	CLS ADATI000	1	
Guarantor	Due Date	Payment Due	
TIMOTHY D.	Upon Receipt	20.11	

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

Amount of Last Payment: -128.52

Patient:		Rendering	Rendering Physician:		Place of Service:	Date of Birth:		
TIMOTHY D. ADAMS		ROHIT R.	ROHIT R. DHIR MD		CLS HEALTH	11/17/1962		
_				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Char	ge Patient Deductible	WellMed	Adjustments R	emainder	
03/20/23	51798	Us urine capacity measure	32.	00	0.00	-20.94	11.06	
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of B	irth:	
TIMOTHY	D. ADAMS	ROHIT R.	DHIR MD	ADATI000 CLS HEALTH 11/17		11/17/196	7/1962	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Char	ge Patient Deductible	WellMed	Adjustments R	em ainder	
04/03/23	74018	X-ray exam abdomen 1 view	91.	00 -15.00	-24.40	-66.60	-15.00	
Patient:		Rendering	Physician:	Chart Number:	Place of Service:	Date of B	irth:	
TIMOTHY D. ADAMS		ROHIT R.	DHIR MD	ADATI000 CLS HEALTH		11/17/1962		
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Char	ge Patient Deductible	WellMed	Adjustments R	em ainde r	
04/03/23	76775	Us exam abdo back wall lim	179.	00	0.00	-129.95	49.05	
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of B	irth:	
TIMOTHY	D. ADAMS	_	=	ADATI000	CLS HEALTH	11/17/196	52	
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charg	ge Patient Deductible	WELLMED	Adjustments R	em ainder	

-25.00

-128.97

385.00

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

95

Amount Due

-256.03

-25.00

20.11

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

OFFICE VISIT EST/LEVEL 4

04/10/23

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