



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

DEBBIE A. ALCAZAR
1906 37TH ST
GALVESTON, TX 77550-7544

(409)996-8303

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ALCDE000 | 1 |
| Guarantor | Due Date | Payment Due |
| DEBBIE A. | Upon Receipt | 147.02 |

| 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: 12/16/2024 | Amount of Last Payment: -207.58 |
|----------------------------------|---------------------------------|

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|--------------------------------------|--|----------------------------------|--|-------------------------------------|
| Patient: DEBBIE A. ALCAZAR | Rendering Physician: VENKATA K. JONNA MD | Chart Number: ALCDE000 | Place of Service: CLS HEALTH | Date of Birth: 02/03/1965 |
|--------------------------------------|--|----------------------------------|--|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by WELLMED | Adjustments | Remainder |
|----------|-----------|------------------------------|----------|--------|-----------------|-----------------------|-----------------|-------------|-----------|
| 12/27/22 | 99205 | OFFICE VIST NEW LEVEL 5 | | 689.00 | | | -183.75 | -459.31 | 45.94 |
| 04/24/23 | 99214 | OFFICE VISIT EST/LEVEL 4 | 25 | 385.00 | -4.82 | | -105.28 | -253.40 | 21.50 |
| 04/24/23 | 20610 | Drain/inj joint/bursa w/o us | LT | 197.00 | | | -53.76 | -129.80 | 13.44 |
| 04/24/23 | J3301 | Triamcinolone acet inj nos | | 24.00 | | | -5.74 | -16.83 | 1.43 |

| | | | | |
|--------------------------------------|--|----------------------------------|--|-------------------------------------|
| Patient: DEBBIE A. ALCAZAR | Rendering Physician: VENKATA K. JONNA MD | Chart Number: ALCDE000 | Place of Service: CLS HEALTH | Date of Birth: 02/03/1965 |
|--------------------------------------|--|----------------------------------|--|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by WELLMED | Adjustments | Remainder |
|----------|-----------|-----------------|----------|--------|-----------------|-----------------------|-----------------|-------------|-----------|
| 03/06/23 | 93970 | Extremity study | | 571.00 | | | -156.13 | -375.84 | 39.03 |

| | | | | |
|--------------------------------------|---|----------------------------------|--|-------------------------------------|
| Patient: DEBBIE A. ALCAZAR | Rendering Physician: ROBERT A. DARLING MD | Chart Number: ALCDE000 | Place of Service: CLS HEALTH | Date of Birth: 02/03/1965 |
|--------------------------------------|---|----------------------------------|--|-------------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by WELLMED | Adjustments | Remainder |
|----------|-----------|--------------------------|----------|--------|-----------------|-----------------------|-----------------|-------------|-----------|
| 12/13/23 | 99205 | OFFICE VIST NEW LEVEL 5 | 25 | 664.00 | -42.65 | | -177.78 | -440.87 | 2.70 |
| 12/13/23 | 31575 | Diagnostic laryng oscopy | | 405.00 | | | -90.06 | -291.96 | 22.98 |

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

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

| Amount Due |
|---------------|
| 147.02 |