



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

MICHAEL J. AIKEN  
1804 1ST ST  
LIVERPOOL, TX 77577-9738

(561)789-1037

Statement Date	Invoice Number	Page
02/10/2025	CLS AIKMI000	1
Guarantor	Due Date	Payment Due
MICHAEL J.	Upon Receipt	23.72

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<b>Date of Last Payment:</b> 11/6/2023	<b>Amount of Last Payment:</b> 0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
<b>MICHAEL J. AIKEN</b>	<b>ABDELNASER ELKHALILI MD</b>	<b>AIKMI000</b>	<b>CLS HEALTH</b>	<b>01/26/1962</b>

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
01/28/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-142.60	0.00	-421.40	-6.97
10/11/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-149.57	-142.60	0.00	-421.40	-6.97
10/11/21	20610	Drain/inj joint/bursa w/o us	RT	201.00	-42.34	-56.70	0.00	-144.30	14.36
10/11/21	J3301	Triamcinolone acet inj nos		32.00		-10.32	0.00	-21.68	10.32
08/09/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-149.57	-106.43	0.00	-293.57	-43.14
08/09/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		-56.70	0.00	-147.30	56.70
08/09/22	J7323	Euflexa inj per dose		0.01		-0.01	0.00		0.01

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
<b>MICHAEL J. AIKEN</b>	<b>AMANDA G. JOHNSON NP</b>	<b>AIKMI000</b>	<b>CLS HEALTH</b>	<b>01/26/1962</b>

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
06/06/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-149.57		0.00	-309.54	-59.11
06/06/22	20610	Drain/inj joint/bursa w/o us	RT	204.00			0.00	-155.80	48.20
06/06/22	J3301	Triamcinolone acet inj nos		24.00			0.00	-13.68	10.32

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Amount Due

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