



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

EVER AGUILERA
1770 SEASPRAY CT
HOSUTON, TX 77008-3114

(832)888-8137

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUEV000	1
Guarantor	Due Date	Payment Due
EVER AGUILERA	Upon Receipt	731.29

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

Date of Last Payment: 11/29/2024	Amount of Last Payment: 0.00
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Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: CLS HEALTH	Date of Birth: 05/13/1978
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
11/22/21	99244	OFFICE CONSULTATION/LEVEL 4	25	374.00	-50.69	-40.17	-93.73	-240.10	-10.52
12/06/21	A4248	CHLORHEXIDINE ANTISEPT	59	1.00		-1.00	0.00		1.00
12/20/21	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-22.89		-58.28	-316.74	2.09
01/13/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-76.31	-75.00	-4.96	-316.74	1.99
02/10/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-76.31		-49.96	-316.74	-43.01
04/07/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-30.52		-49.96	-316.74	2.78
05/12/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-30.52		-49.96	-316.74	2.78
06/09/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-34.33		-49.96	-316.74	-1.03
06/10/22	64493	Inj paravert f jnt l/s 1 lev	RT	556.00	-152.18		-108.37	-401.19	-105.74
06/10/22	64494	Inj paravert f jnt l/s 2 lev	RT	287.00			-54.96	-208.49	23.55
06/10/22	64495	Inj paravert f jnt l/s 3 lev	RT	286.00			-54.96	-207.49	23.55
07/01/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-30.52		-49.96	-316.74	2.78
08/12/22	64483	Inj foramen epidural l/s	RT	793.00	-377.40	-213.55	0.00	-579.45	-163.85
08/12/22	64484	Inj foramen epidural add-on	RT	359.00		-92.52	0.00	-266.48	92.52
08/12/22	S0020	Injection, bupivacaine hydro		9.00			0.00	-7.78	1.22
08/12/22	J1100	Dexamethasone sodium phos	59	10.00			0.00	-8.44	1.56
08/12/22	Q9967	Locm 300-399mg/ml iodine,1ml	59	3.00			0.00	-2.01	0.99

Patient: EVER AGUILERA	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: AGUEV000	Place of Service: Pain	Date of Birth: 05/13/1978
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Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
01/13/22	80307	Drug test prsmv chem analyzr		186.00			-24.89	-150.44	10.67

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Amount Due
Continued