

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

JAIRO AGUILAR 2609 PENFIELD ST PASADENA, TX 77506-5222

Rendering Physician:

MOHAMED A. KHALIL MD

(409)245-1200

Patient:

11/27/23

11/27/23 46020

Call 281-694-5986

46255

Remove int/ext hem 1 group

Placement of seton

To make a payment online, go to cls.health/payment

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

**JAIRO AGUILAR** 

Statement Date	Invoice Number	Page	
02/10/2025	CLS AGUJA002	2	
Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

Date of Birth:

05/28/1975

-775.82

-253.95

Amount Due

Continued

323.18

107.05

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

**CLS HEALTH** 

				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Ambetter	Adjustments Remai	inder
09/13/23	72158	Mri lumbar spine w/o & w/dye	1,010.0	-138.10	-176.07	-716.55 -20	0.72
09/13/23	36415	Routine venipuncture	26.00		0.00	-21.71 4	4.29
11/16/23	72156	Mri neck spine w/o & w/dye	1,012.0	-138.37	-166.04	-735.26 -27	7.67
11/16/23	36415	Routine venipuncture	26.00		0.00	-21.71 4	4.29
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
JAIRO AGUILAR		MAAMOUN A. HARMOUCH		AGUJA002	MAINLAND	05/28/1975	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	Ambetter	Adjustments Remai	inder
11/27/23	46255	Remove int/ext hem 1 group	1,091.0		-285.99	-764.86 40	0.15
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:	
JAIRO AGUILAR		MAAMOUN A. HARMOUCH		AGUJA002	MAINLAND	05/28/1975	
				Paid By Applied to	Paid by		
Dates Procedure Desciption		Modifier Charge Patient Deductible Ambetter		Ambetter	Adjustments Remainder		
01/10/24	46280	Remove anal fist complex	79 1,484.0		-279.98	-1,053.26 150	0.76
Patient:		Rendering Ph	hysician:	Chart Number:	Place of Service:	Date of Birth:	
JAIRO AGUILAR		MAAMOUN A. HARMOUCH		AGUJA002	MAINLAND	05/28/1975	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption		Patient Deductible	BLUE	Adjustments Remai	inder

1,099.0

361.00

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

-323.18

-107.05

0.00

0.00

Chart Number:

AGUJA002