

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

HORTENCIA AGUILAR 16031 CLEARMEADOW ST CHANNELVIEW, TX 77530-2838

Triamcinolone acet inj nos

Rendering Physician:

LACOUELINE M. WECCE MD

(832)282-4209

Date of Last Payment: 1/7/2022

Patient:

LIODTENCIA ACUIL AD

11/05/21 J3301

Statement Date	Invoice Number	Page	
02/10/2025	CLS AGUHO000	1	
Guarantor	Due Date	Payment Due	

Pay Online

Go to: cls.health/payment

or scan the QR Code



Date of Birth:

4010014000

-5.42

0.52

Make Checks Payable To:

PO BOX 58538 Webster, TX 77598

Place of Service:

-2.06

Amount of Last Payment: -10.08

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			Р	Paid By Applied to	Paid by		
Procedure	Desciption	Modifie	r Charge F	Patient Deductible	BLUE	Adjustments	Remainder
99203	OFFICE VIST NEW LEVEL 3	25	259.00	-40.00	-34.78	-184.22	40.00
20550	Inj tendon sheath/ligament		122.00	-37.47	0.00	-84.53	37.47
J3301	Triamcinolone acet inj nos		8.00	-2.58	0.00	-5.42	2.58
99213	OFFICE VISIT EST/LEVEL 3		209.00	-40.00	-10.08	-158.92	40.00
20550	Inj tendon sheath/ligament		122.00		-29.98	-84.53	7.49
	Procedure 99203 20550 J3301 99213	Procedure Desciption 99203 OFFICE VIST NEW LEVEL 3 20550 Inj tendon sheath/ligament J3301 Triamcinolone acet inj nos 99213 OFFICE VISIT EST/LEVEL 3	Procedure Desciption Modifie 99203 OFFICE VIST NEW LEVEL 3 25 20550 Inj tendon sheath/ligament J3301 Triamcinolone acet inj nos 99213 OFFICE VISIT EST/LEVEL 3	Procedure Desciption Modifier Charge 99203 OFFICE VIST NEW LEVEL 3 25 259.00 20550 Inj tendon sheath/ligament 122.00 J3301 Triamcinolone acet inj nos 8.00 99213 OFFICE VISIT EST/LEVEL 3 209.00	Procedure Desciption Modifier Charge Paid By Applied to Patient Deductible 99203 OFFICE VIST NEW LEVEL 3 25 259.00 -40.00 20550 Inj tendon sheath/ligament 122.00 -37.47 J3301 Triamcinolone acet inj nos 8.00 -2.58 99213 OFFICE VISIT EST/LEVEL 3 209.00 -40.00	Procedure Desciption Modifier Charge Paid By Applied to Paid by Patient Deductible Paid by BLUE 99203 OFFICE VIST NEW LEVEL 3 25 259.00 -40.00 -34.78 20550 Inj tendon sheath/ligament 122.00 -37.47 0.00 J3301 Triamcinolone acet inj nos 8.00 -2.58 0.00 99213 OFFICE VISIT EST/LEVEL 3 209.00 -40.00 -10.08	Procedure Desciption Modifier Charge Paid By Applied to Paid by Patient Deductible Paid By BLUE Adjustments 99203 OFFICE VIST NEW LEVEL 3 25 259.00 -40.00 -34.78 -184.22 20550 Inj tendon sheath/ligament 122.00 -37.47 0.00 -84.53 J3301 Triamcinolone acet inj nos 8.00 -2.58 0.00 -5.42 99213 OFFICE VISIT EST/LEVEL 3 209.00 -40.00 -10.08 -158.92

8.00

Chart Number:

ACIUIO000

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

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

Amount Due

128.06