

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

ANA Y. AGUILAR 503 EL DORADO BLVD APT 1603 WEBSTER, TX 77598-2266

12/16/2023

Rendering Physician:

JIHAD M. HARMOUCHE MD

(713)857-8294

Date of Last Payment:

Patient:

Dates

08/10/22

08/24/22

09/07/22

09/07/22

09/21/22 99214

99214

99214

99214

81003

ANA Y. AGUILAR

Statement Date	Invoice Number	Page		
02/10/2025	CLS AGUAN002	1		
Guarantor	Due Date	Payment Due		

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

Make Checks Payable To:

0.00

Date of Birth:

02/24/1998

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

CLS HEALTH

Amount of Last Payment:

					Paid By Applied to	Paid by	Paid by TEXAS		
Dates	Procedure	Desciption	Modifier Charge F		Patient Deductible	CIGNA		Adjustments Remainder	
08/24/22	76801	OB US < 14 WKS SINGLE FETUS	TC	227.00		-3.88	-53.86	-183.12	-13.86
08/25/22	76801	OB US < 14 WKS SINGLE FETUS	26	148.00		0.00	-37.42	-117.82	-7.24
Patient: Rendering Physic		ıysician:		Chart Number:	Place of Service:		Date of Birth:		
ANA Y. AGUILAR JIHAD M. HARN		RMOUCHE MD AGUAN002		CLS HEALTH		02/24/1998			
					Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	TEXAS		Adjustments	Remainder
11/08/22	99211	OFFICE VISIT - NEW PATIENT -	25	110.00		0.00		-10.00	100.00
11/08/22	96365	Ther/proph/diag iv infinit		213.00		0.00		-141.94	71.06
11/08/22	J7030	Normal saline solution infus		8.00		0.00		-5.33	2.67
11/08/22	96366	THER/PROPH/DIAG IV INF ADDON		66.00		0.00		-43.95	22.05
11/08/22	96367	Tx/proph/dg addl seq ivinf		95.00		0.00		-63.38	31.62
11/08/22	J2550	Promethazine hcl injection		7.00		0.00		-4.07	2.93
D (;)								D 1 (D: 11
Patient: Rendering Physician:		Chart Number:			Date of Birth:				
ANA Y. AGUILAR JIHAD M. HARMOUCHE MD		AGUAN002	CL	S HEALTH	02/24/1	998			
Paid By Applied to Paid by									

Modifier Charge Patient Deductible

385.00

385.00

385.00

385.00

7.00

CIGNA

0.00

0.00

0.00

0.00

0.00

-88.07

-88.07

-88.07

-88.07

Chart Number:

AGUAN002

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

QW

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

OFFICE VISIT EST/LEVEL 4

OFFICE VISIT EST/LEVEL 4

OFFICE VISIT EST/LEVEL 4

OFFICE VISIT EST/LEVEL 4

Urinalysis auto w/o scope

Procedure Desciption

Amount Due

Adjustments Remainder

88.07

88.07

88.07

1.63

88.07

-296.93

-296.93

-296.93

-296.93

-5.37

Continued