

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

DESIDERIA AQUINO 1604 FALCON RIDGE BLVD FRIENDSWOOD, TX 77546-5432

(832)423-7423

**Date of Last Payment:** 

Statement Date	Invoice Number	Page 1	
02/10/2025	CLS AQUDE000		
Guarantor	Due Date	Payment Due	
	200 2000	•	

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Amount of Last Payment: 0.00

Patient: <b>DESIDER</b>	IIA AQUINC	Rendering Pr ALI EZZO MI	•	Chart Number: <b>AQUDE000</b>	Place of Service CLEAR LAKE	e: Date of <b>05/23/1</b>	
Dates	Procedure	Desciption		Paid By Applied to Patient Deductible	Paid by TMHP	Adjustments	Remainder
06/02/22	99291	CRITICAL CARE 1ST HOUR	672.00		0.00	-447.95	224.05
06/03/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-210.01	104.99
Patient:	Patient: Rendering Physi		nysician:	Chart Number:	Place of Service	e: Date of	Birth:
DESIDER	IA AQUINC	D MAHMOOD	DWEIK MD	AQUDE000	CLEAR LAKE	05/23/1945	
				Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	SELFPAY	Adjustments	Remainder
06/23/22	99223	INITIAL HOSPITAL/HIGH	609.00		0.00	-430.33	178.67
06/24/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-192.40	122.60
06/25/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-192.40	122.60
06/26/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-192.40	122.60
06/27/22	99233	HOSPITAL, SUBSEQUENT, HIGH	315.00		0.00	-192.40	122.60
06/28/22	99239	HOSPITAL DISCHARGE, LONG	324.00		0.00	-205.98	118.02
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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

1,116.13