

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

TONYA D. AUMILLER 401 E WARING ST DAYTON, TX 77535-1832

(936)367-9125

Dates

12/13/23

Procedure Desciption

OFFICE VISIT EST/LEVEL 5

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

99215

Statement Date	Invoice Number	Page	
02/10/2025	CLS AUMTO000	1	
Guarantor	Due Date	Payment Due	

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

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of Last Payment: 2/22/2024 Amount of Last Payment: -883.00											
Patient: Rendering Physician:				Chart Number:	Place of Service:	Date of Birth:					
TONYA D). AUMILLE	ER REGINA R. F	PILLAI MD	AUMTO000	CLS HEALTH	07/02/1975					
				Paid By Applied to	Paid by						
Dates	Procedure	Desciption			TRICARE	Adjustments F	Remainder				
12/05/23	71046	X-ray exam chest 2 views	102.00	-34.92	-27.94	-74.06	-34.92				
Patient:		Rendering Ph		Chart Number:	Place of Service:	Date of E	3irth:				
	D. AUMILLE		DARLING MD	AUMTO000	CLS HEALTH	07/02/19	-				
				Paid By Applied to	Paid by						
Dates	Procedure Desciption Modifier Charge				TRICARE	Adjustments Remainder					
01/04/24	99204	OFFICE VIST NEW LEVEL 4	503.00	-50.00	-123.42	-365.58	-36.00				
Patient:		Rendering Ph	hysician:	Chart Number:	Place of Service:	Date of E	Date of Birth:				
TONYA D	•		DARLING MD	AUMTO000	CLS HEALTH	07/02/1975					
				Paid By Applied to	Paid by						
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	TRICARE	Adjustments F	Remainder				
01/04/24	95004	Percut allergy skin tests	440.00		-97.76	-306.24	36.00				
01/16/24	95165	Antig en therapy services	1,320.0		-323.20	-946.80	50.00				
01/15/24	95165	Antig en therapy services	3,300.0		-883.00	-2,367.00	50.00				
01/13/24	95165	Antig en therapy services	3,300.0		-883.00	-2,367.00	50.00				
Patient: Rendering Physician:			Chart Number:	Place of Service:	Date of E	 3irth:					
TONYA D	D. AUMILLE	•	•	AUMTO000	CLS HEALTH 07/02/19						
				Paid By Applied to	Paid by						

Modifier Charge Patient Deductible TRICARE

-98.54

546.00

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

GT

164.08

Amount Due

-398.46

Adjustments Remainder

49.00