

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

MASON ARYAN 1338 SHEFFIELD DR MISSOURI CITY, TX 77459-2737

(713)577-9468

	Statement Date	Invoice Number	Page		
	02/10/2025	CLS ARYMA000	1		
	Guarantor	Due Date	Payment Due		
ſ		Upon Receipt			

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Date of Last Payment: 3/6/2024 Amount of Last Payment: -0.85											
Patient:		Rendering Physician:			Chart Number:	Place of Service:	Date of Birth:				
MASON ARYAN		CHRISTOPHER R. KANNADY			ARYMA000	CLS HEALTH	EALTH 02/08/1989				
				ı	Paid By Applied to	Paid by					
Dates	Procedure	Desciption	Modifie	r Charge	Patient Deductible	Ambetter	Adjustments R	em ainde r			
02/01/24	51798	Us urine capacity measure	59	34.00		-8.05	-23.27	2.68			
02/01/24	81003	Urinalysis auto w/o scope	QW	7.00		-0.85	-5.87	0.28			
02/09/24	52000	Cystoscopy		718.00	-10.00	-170.44	-490.75	46.81			
02/09/24	81003	Urinalysis auto w/o scope	QW	7.00		-0.85	-5.87	0.28			
Patient:		Rendering Physician:		Chart Number:	Place of Service:	Date of Birth:					
MASON ARYAN		CHRISTOPHER R. KANNADY		ARYMA000	ARYMA000 CLS HEALTH		02/08/1989				
				ı	Paid By Applied to	Paid by					
Dates	Procedure	Desciption	Modifie	r Charge	Patient Deductible	Ambetter	Adjustments Remainder				
02/08/24	74178	Ct abd & pelv 1/> regns		1,040.0	-86.66	-207.98	-762.69	-17.33			
02/08/24	36415	Routine venipuncture		26.00		-3.31	-21.58	1.11			

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

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Amount Due

33.83