

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

SALVADOR L. AGUILERA 3203 THREE SISTER CIR PEARLAND, TX 77581-4577

(832)978-2976

Date of Last Payment: 10/2/2024

Patient:

| Statement Date | Invoice Number | Page | |
|----------------|----------------|-------------|--|
| 02/10/2025 | CLS AGUSA000 | 1 | |
| | | | |
| Guarantor | Due Date | Payment Due | |

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

Make Checks Payable To:

Date of Birth:

PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: -0.82

| SALVAD | OR L. AGU | ILERA MOH | HAMED A. KHALIL MD | AGUSA000 | CLS HEALTH | 08/06/19 | 58 |
|----------|-------------|----------------------------|--------------------|--------------------|------------|---------------|----------|
| Dete | Dan en deue | Do o ciutio u | | Paid By Applied to | • • • • | | |
| Dates | Procedure | Desciption | Modifier Charge | Patient Deductible | Communi | Adjustments R | emainder |
| 01/22/21 | 95819 | Eeg awake and asleep | 1,431.0 | -25.00 | -392.93 | -988.07 | 25.00 |
| 01/26/21 | 95913 | Nrv cndj test 13/> studies | 955.00 | -25.00 | -245.77 | -659.23 | 25.00 |

Chart Number:

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

Rendering Physician:

To make a payment online, go to cls.health/payment

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

Amount Due

50.00