



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

SYLVIA ARCE  
630 W FAIRWAY LAKE DR  
ALVIN, TX 77511-1023

(281)883-7198

Statement Date	Invoice Number	Page
02/10/2025	CLS ARCSY000	1
Guarantor	Due Date	Payment Due
SYLVIA ARCE	Upon Receipt	62.64

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment:	12/2/2024	Amount of Last Payment:	-20.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SYLVIA ARCE	ABDELNASER ELKHALILI MD	ARCSY000	CLS HEALTH	08/15/1956

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by AARP	Adjustments	Remainder
08/30/21	99204	OFFICE VIST NEW LEVEL 4	25	522.00	-135.00		-139.09	-347.91	-100.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SYLVIA ARCE	REGINA PILLAI MD	ARCSY000	CLS HEALTH	08/15/1956

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
10/08/21	94060	Evaluation of wheezing		145.00	-10.00		-41.14	-103.86	-10.00
10/08/21	94726	Pulm funct tst plethysmograp		171.00	-20.02		-13.43	-122.57	14.98
10/08/21	94729	Co/membrane diffuse capacity		186.00	-5.00		-52.74	-133.26	-5.00
10/08/21	J7613	Albuterol non-comp unit		2.00			-0.06	-1.92	0.02

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SYLVIA ARCE	ABDELNASER ELKHALILI MD	ARCSY000	CLS HEALTH	08/15/1956

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by WELLMED	Adjustments	Remainder
08/11/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-35.00		-133.20	-266.80	-35.00
08/11/22	20610	Drain/inj joint/bursa w/o us	RT	204.00			-32.92	-136.08	35.00
08/11/22	J3301	Triamcinolone acet inj nos		24.00			-6.61	-15.74	1.65

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