

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

RANULFO AVILES 5800 HOLLISTER ST HOUSTON, TX 77040-5700

(832)256-6969

Date of Last Payment: 12/13/2021

Patient:

	Statement Date	Invoice Number	Page
	02/10/2025	CLS AVIRA001	1
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Ī	Guarantor	Due Date	Payment Due

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

Make Checks Payable To:

Date of Birth:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Place of Service:

Amount of Last Payment: 0.00

RANULFO AVILES		ROHIT R. DHIR MD		AVIRA001		CLS HEA	LTH 08/04/1956
				Paid By Applie	ed to	Paid by	
Dates	Procedure	Desciption	Modifier Charge	Patient Deduc	ctible	BLUE	Adjustments Remainder
11/09/21	76870	Us exam scrotum	331.00	-20.00	-80.00	-6.16	-244.84 60.00

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

60.00