

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

JUSTIN ARNETT 107 SMITH LN LEAGUE CITY, TX 77573-4209

(832)457-9121

**Date of Last Payment:** 

| Statement Date | Invoice Number | Page        |
|----------------|----------------|-------------|
| 02/10/2025     | CLS ARNJU000   | 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

Amount of Last Payment: 0.00

| Patient:              |                    | Rendering P                             | hvsician:                                      | Chart Number:                     | Place of Service:             | Date of E            | 3irth:                        |
|-----------------------|--------------------|-----------------------------------------|------------------------------------------------|-----------------------------------|-------------------------------|----------------------|-------------------------------|
| JUSTIN ARNETT         |                    | Rendering Physician:  OMAR ALBUSTAMI MD |                                                | ARNJU000                          | UTMB                          |                      |                               |
| JUSTIN ARNETT         |                    | OWAR ALBUSTAWI WID                      |                                                | Aithoodo                          | OTHIB                         | 10/08/1985           |                               |
|                       |                    |                                         |                                                | Paid By Applied to                | Paid by                       |                      |                               |
| Dates                 | Procedure          | Desciption                              | Modifier Charge                                | Patient Deductible                | ТМНР                          | Adjustments l        | Remainder                     |
| 02/24/22              | 99238              | Hospital discharge day                  | 221.00                                         |                                   | 0.00                          | -147.20              | 73.80                         |
|                       |                    |                                         |                                                |                                   |                               |                      |                               |
| Patient:              |                    | Rendering PI                            | hysician:                                      | Chart Number:                     | Place of Service:             | Date of E            | 3irth:                        |
| JUSTIN A              | ARNETT             | LUIGI TERM                              | IINELLA MD                                     | ARNJU000                          | UTMB                          | 10/08/19             | 85                            |
|                       |                    | ·                                       |                                                |                                   |                               |                      |                               |
| I                     |                    |                                         |                                                | Paid By Applied to                | Paid by                       |                      |                               |
| Dates                 | Procedure          | Desciption                              |                                                |                                   | Paid by<br>SELFPAY            | Adjustments I        | Remainder                     |
| <b>Dates</b> 02/24/22 | Procedure<br>99233 | Desciption HOSPITAL, SUBSEQUENT, HIGH   |                                                |                                   | •                             | Adjustments F        | Remainder<br>104.99           |
|                       |                    | <u>.</u>                                | Modifier Charge                                |                                   | SELFPAY                       |                      |                               |
|                       |                    | <u>.</u>                                | Modifier Charge<br>315.00                      |                                   | SELFPAY                       |                      | 104.99                        |
| 02/24/22              | 99233              | HOSPITAL, SUBSEQUENT, HIGH              | Modifier Charge<br>315.00                      | Patient Deductible  Chart Number: | SELFPAY<br>0.00               | -210.01              | 104.99<br>Birth:              |
| 02/24/22<br>Patient:  | 99233              | HOSPITAL, SUBSEQUENT, HIGH              | Modifier Charge 315.00 hysician: D RESTREPO MI | Patient Deductible  Chart Number: | 0.00 Place of Service:        | -210.01<br>Date of E | 104.99<br>Birth:              |
| 02/24/22<br>Patient:  | 99233              | HOSPITAL, SUBSEQUENT, HIGH              | Modifier Charge 315.00 hysician: D RESTREPO MI | Chart Number:  D ARNJU000         | 0.00  Place of Service:  UTMB | -210.01<br>Date of E | 104.99<br>Birth:<br><b>85</b> |

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

402.84

Amount Due