



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

DAVID AGUILAR  
1015 KANSAS ST TRLR 4  
SOUTH HOUSTON, TX 77587-3130

(713)922-9387

Statement Date	Invoice Number	Page
02/10/2025	CLS AGUDA000	1
Guarantor	Due Date	Payment Due
DAVID AGUILAR	Upon Receipt	88.19

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment:	4/25/2024	Amount of Last Payment:	-23.34
-----------------------	-----------	-------------------------	--------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAVID AGUILAR	Maha Al-Iahiq MD	AGUDA000	UTMB	03/25/1968

Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
06/20/21	99225	Subsequent observation care	221.00		-17.91	-53.74	-149.35	17.91

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAVID AGUILAR	REMY TEQWIMUAH MD	AGUDA000	UTMB	03/25/1968

Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
06/21/21	99217	OBSERVATION DISCHARGE	222.00		-18.81	-56.46	-146.73	18.81

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAVID AGUILAR	EMRAN ABU ATHERAH MD	AGUDA000	UTMB	03/25/1968

Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
06/19/21	99220	Observation, Initial - High Severity	559.00		-45.47	-136.43	-377.10	45.47

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
DAVID AGUILAR	JACK A. SASIENE DPM	AGUDA000	CLS HEALTH	03/25/1968

Dates	Procedure	Description	Modifier Charge	Paid By Patient	Applied to Deductible	Paid by BLUE	Adjustments	Remainder
02/21/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-70.00		-29.96	-282.04	5.00
03/13/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-74.00		-29.96	-282.04	1.00

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](https://cls.health/payment)

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

Amount Due
88.19