



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

MANUEL ARANDA
10926 SAGEPARK LN
HOUSTON, TX 77089-3815

(832)654-2473

Statement Date	Invoice Number	Page
02/10/2025	CLS ARAMA001	1
Guarantor	Due Date	Payment Due
MANUEL ARANDA	Upon Receipt	497.00

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	

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
MANUEL ARANDA	ABDELNASER ELKHALILI MD	ARAMA001	CLS HEALTH	09/23/1978	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
12/01/21	99245	OFFICE CONSULTATION/LEVEL 5		497.00		Patient Deductible	CASH		497.00

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

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

Amount Due
497.00