




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

SCOTT AARON
10914 STUBBY CIR
MONTGOMERY, TX 77356-4761

(254)781-9625

Statement Date	Invoice Number	Page
02/10/2025	CLS AARSC000	1
Guarantor	Due Date	Payment Due
SCOTT AARON	Upon Receipt	87.01

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: 5/22/2024			Amount of Last Payment: -258.85		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SCOTT AARON	BASHAR ZLEIK MD	AARSC000	HCA	05/31/1978	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	TRICARE		
04/10/24	99291	CRITICAL CARE 1ST HOUR		643.00			-140.98	-466.78	35.24
04/11/24	99291	CRITICAL CARE 1ST HOUR		643.00			-140.98	-466.78	35.24
04/12/24	95717	Eeg phys/qhnp 2-12 hr w/o vid		317.00			-66.10	-234.37	16.53

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
87.01