

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

JIMMY D. ARDEN 217 FM-517 #20 **DICKINSON, TX 77539-4007** 

Rendering Physician:

**LUIGI TERMINELLA MD** 

(832)305-4366

Date of Last Payment: 4/19/2023

Patient:

JIMMY D. ARDEN

l	Statement Date	Invoice Number	Page		
	02/10/2025	CLS ARDJI000	1		
	Guarantor	Due Date	Payment Due		
ſ	JIMMY D. ARDEN	Upon Receipt	321.85		

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Procedure	Desciption	Modifior		Paid By Applied to	Paid by	A	Down oin dou
Procedure	Desciption	Woulder	Juarge	Patient Deductible	IMAP	Adjustments	Remainder
99255	HOSPITAL CONSULT/INITIAL/LEVEL	5	495.00		0.00	-330.00	165.00
99233	HOSPITAL, SUBSEQUENT, HIGH		315.00		0.00	-210.01	104.99
	Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of I	Birth:
ARDEN	OMAR ALBUSTAMI MD		ARDJI000	CLS HEALTH	05/13/1962		
				Paid By Applied to	Paid by		
Procedure	Desciption	Modifier C	Charge	Patient Deductible	BRIGHT	Adjustments	Remainder
99205	OFFICE VIST NEW LEVEL 5	25	689.00		-185.13	-442.16	61.71
	Rendering Ph	nysician:		Chart Number:	Place of Service:	Date of I	Birth:
ARDEN	OMAR ALBUSTAMI MD		ARDJI000	RDJI000 CLS HEALTH		05/13/1962	
				Paid By Applied to	Paid by		
Procedure	Desciption	Modifier C	Charge	Patient Deductible	BRIGHT	Adjustments	Remainder
94060	Evaluation of wheezing		123.00	-53.35	-33.40	-78.47	-42.22
94726	Pulm funct tst plethysmog rap		172.00		-46.72	-109.70	15.58
94729	Co/membane diffuse capacity		185.00		-50.39	-117.82	16.79
	99233  ARDEN  Procedure 99205  ARDEN  Procedure 94060 94726	99255 HOSPITAL CONSULT/INITIAL/LEVEL 99233 HOSPITAL, SUBSEQUENT, HIGH  Rendering Ph OMAR ALBU  Procedure Desciption  99205 OFFICE VIST NEW LEVEL 5  Rendering Ph OMAR ALBU  Procedure Desciption  94060 Evaluation of wheezing 94726 Pulm funct 1st plethysmograp	99255 HOSPITAL CONSULT/INITIAL/LEVEL 5 99233 HOSPITAL, SUBSEQUENT, HIGH  Rendering Physician: OMAR ALBUSTAMI N  Procedure Desciption Modifier ( 99205 OFFICE VIST NEW LEVEL 5 25  Rendering Physician: OMAR ALBUSTAMI N  Procedure Desciption Modifier ( 94060 Evaluation of wheezing 94726 Pulm funct tst plethysmograp	99255 HOSPITAL CONSULT/INITIAL/LEVEL 5 495.00 99233 HOSPITAL, SUBSEQUENT, HIGH 315.00  Rendering Physician: OMAR ALBUSTAMI MD  Procedure Desciption Modifier Charge 99205 OFFICE VIST NEW LEVEL 5 25 689.00  Rendering Physician: OMAR ALBUSTAMI MD  Procedure Desciption Modifier Charge 94060 Evaluation of wheezing 123.00 94726 Pulm funct tst plethysmograp 172.00	Procedure   Desciption   Modifier Charge   Patient Deductible	Procedure         Desciption         Modifier Charge Patient Deductible Patient Deduc	Procedure         Desciption         Modifier Charge         Paid By Patient Deductible         Paid by TMHP         Adjustments IMHP           99255         HOSPITAL CONSULTANITIALLEVEL 5         495.00         0.00         -330.00           99233         HOSPITAL SUBSEQUENT , HIGH         315.00         0.00         -210.01           ARDEN         Rendering Physician: OMAR ALBUSTAMI MD         Chart Number: Place of Service: Date of Each of

Chart Number:

ARDJI000

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