

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

MICHAEL J. AIKEN 1804 1ST ST LIVERPOOL, TX 77577-9738

(561)789-1037

Date of Last Payment: 11/6/2023

Patient:

MICHAEL J. AIKEN

Statement Date	Invoice Number	Page		
02/10/2025	CLS AIKMI000	1		
Guarantor	Due Date	Payment Due		

Pay Online

Go to: cls.health/payment

or scan the QR Code



Date of Birth:

01/26/1962

Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538

Place of Service:

CLS HEALTH

Webster, TX 77598

Amount of Last Payment: 0.00

Dates	Procedure	Desciption			Paid By Applied to Patient Deductible		Paid by BLUE	Adjustments R	em ainde r
01/28/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-142.60	0.00	-421.40	-6.97
10/11/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-149.57	-142.60	0.00	-421.40	-6.97
10/11/21	20610	Drain/inj joint/bursa w/o us	RT	201.00		-56.70	0.00	-144.30	14.36
10/11/21	J3301	Triamcinolone acet inj nos		32.00		-10.32	0.00	-21.68	10.32
08/09/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-106.43	0.00	-293.57	-43.14
08/09/22	20610	Drain/inj joint/bursa w/o us	RT	204.00		-56.70	0.00	-147.30	56.70
08/09/22	J7323	Euflexxa inj per dose		0.01		-0.01	0.00		0.01
	0.020	··							0.01
Patient: Rendering Pl		nysician:		Chart Number:		Place of Service:	Date of Birth:		
3		JOHNSON NP		AIKMI000		CLS HEALTH	01/26/1962		
					Paid By App	olied to	Paid by		
Dates	Procedure	Desciption	Modifier	Modifier Charge Patient Deductible		BLUE	Adjustments Remainder		
06/06/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-149.57		0.00	-309.54	-59.11
06/06/22	20610	Drain/inj joint/bursa w/o us	RT	204.00			0.00	-155.80	48.20
06/06/22	J3301	Triamcinolone acet inj nos		24.00			0.00	-13.68	10.32

Chart Number:

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

Rendering Physician:

ABDELNASER ELKHALILI MD AIKMI000

To make a payment online, go to cls.health/payment If remitting payment via mail in check, Please include statement.

Amount Due

23.72