

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

RUBEN AGUILLON 501 N BEAUREGARD ST APT 4 ALVIN, TX 77511-2179

(713)478-3545

Date of Last Payment: 11/30/2021

Statement Date	Invoice Number	Page		
02/10/2025	CLS AGURU000	1		
Guarantor	Due Date	Payment Due		

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Amount of Last Payment: 0.00

		11,00,2021			7	c. =	0.00	
Patient:		Rendering P	•	Chart Number:	Pla	ace of Service:	Date of E	Birth:
RUBEN AGUILLON		EMRAN ABU ATHERAH MD		AGURU000	UT	MB	01/28/1967	
				Paid By Applied to	Paid by	Paid by TMHP		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE		Adjustments F	Remainder
08/27/21	99292	CRITICAL CARE, 30 MIN	25 680.00	-45.39	-181.55	-0.44	-453.06	44.95
08/28/21	99292	CRITICAL CARE, 30 MIN	340.00	-22.69	-90.78	-0.21	-226.53	22.48
08/30/21	99292	CRITICAL CARE, 30 MIN	340.00	-22.69	-90.78	-0.21	-226.53	22.48
Patient:		Rendering P	hysician:	Chart Number:	Pla	ace of Service:	Date of E	Birth:
		ALI EZZO M	D	AGURU000	UT	МВ	01/28/19	67
				Paid By Applied to	Paid by	Paid by TMHP		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE	INITE	Adjustments F	Remainder
08/22/21	99291	CRITICAL CARE 1ST HOUR	678.00	-45.18	-179.89	-0.24	-452.93	44.94
08/23/21	99291	CRITICAL CARE 1ST HOUR	678.00	-45.18	-179.89	-0.24	-452.93	44.94
08/29/21	99291	CRITICAL CARE 1ST HOUR	678.00	-45.18	-179.89	-0.24	-452.93	44.94

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

224.73