



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

SOHAIL ARIF
17702 POINT COMFORT LN
WEBSTER, TX 77598-3237

(832)298-9375

Statement Date	Invoice Number	Page
02/10/2025	CLS ARISO000	1
Guarantor	Due Date	Payment Due
SOHAIL ARIF	Upon Receipt	41.29

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:	1/10/2023	Amount of Last Payment:	-128.20
------------------------------	------------------	--------------------------------	----------------

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SOHAIL ARIF	VENKATA K. JONNA MD	ARISO000	CLS HEALTH	08/21/1965

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
05/17/22	J3301	Triamcinolone acet inj nos		3.00			-0.56	-1.88	0.56
12/06/22	99214	OFFICE VISIT EST/LEVEL 4		400.00			-128.20	-266.80	5.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SOHAIL ARIF	VENKATA K. JONNA MD	ARISO000	CLS HEALTH	08/21/1965

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
12/06/22	73080	X-ray exam of elbow		103.00			-20.51	-73.70	8.79

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
SOHAIL ARIF	VENKATA K. JONNA MD	ARISO000		08/21/1965

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by Ambetter	Adjustments	Remainder
12/06/22	L1820	KO ELAS W/ CONDYLE PADS & JO	LT	426.00	-5.00		-74.51	-319.55	26.94

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

41.29