

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

GONZALO ARELLANO 12130 ANNETTE RD ANGLETON, TX 77515-8107

(979)864-0158

Statement Date	Invoice Number	Page		
02/10/2025	CLS AREGO000	1		
		Payment Due		
Guarantor	Due Date	Payment Due		

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Date of Last Payment: 3/28/2024 Amount of Last Payment: -169.00										
Patient:		Rendering	Physician:		Chart N	lumber:	Place of Service:	Dat	e of Birth:	
9			THOMAS I	MD	AREGO000		CLS HEALTH	01/	01/10/1972	
					Paid By Ap	plied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient Dec	luctible	BLUE	Adjustm	ents Remainder	
12/20/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-50.00	-161.03	0.00	-341	.97 111.03	
01/31/24	99214	OFFICE VISIT EST/LEVEL 4		387.00	-175.00	-106.43	0.00	-280	.57 -68.57	
01/31/24	99999	NO SHOW		25.00			0.00		25.00	
01/11/24	99999	NO SHOW		25.00			0.00		25.00	
Patient:		Rendering	Physician:		Chart N	Number:	Place of Service:	Dat	e of Birth:	
_			THOMAS MD AREGO000		CLS HEALTH	01/	01/10/1972			
					Paid By Ap	plied to	Paid by			
Dates			Patient Deductible		BLUE	Adjustm	Adjustments Remainder			
12/20/23	80307	Drug test prsmv chem anlyzr		186.00		-35.56	0.00	-150	.44 35.56	
12/20/23	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605	.19 135.81	
03/19/24	80307	Drug test prsmv chem anlyzr		186.00		-34.18	0.00	-151	.82 34.18	
03/19/24	G0483	Drug test def 22+ classes		741.00		-135.81	0.00	-605	.19 135.81	
Patient: Rendering Physician:			Chart Number: Place		Place of Service:	Date of Birth:				
GONZALO ARELLANO SUNIL U. TH			THOMAS	HOMAS MD AREGO000		MEMORIAL 01/10/1972		10/1972		
					Paid By Ap	plied to	Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient Dec	-	BLUE	Adjustm	ents Remainder	
12/29/23	64484	Inj foramen epidural add-on	RT	156.00		-49.41	0.00	-106	.59 49.41	
12/29/23	64483	Inj foramen epidural I/s	RT	336.00		-89.89	0.00	-246	.11 89.89	

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

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Amount Due

Continued