

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

JOSE D. ARAUJO 2502 MARSHALL ST PASADENA, TX 77506-2928

(832)889-6264

Date of Last Payment: 3/1/2023

Statement Date	Invoice Number	Page	
02/10/2025	CLS ARAJO000	1	
Guarantor	Due Date	Payment Due	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -30.00

Patient:		Rendering P	hysician:		Chart Number:	Place of Se	ervice: Date of	Birth:
JOSE D.	ARAUJO	ROHIT R. D	HIR MD		ARAJO000	CLS HEAL	TH 01/27/1	968
					Paid By Applied to	Paid by		
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible	ENTRUST	Adjustments	Remainder
09/29/21	52000	Cystoscopy		743.00	-259.88	0.00	-483.12	259.88
09/29/21	51798	Us urine capacity measure	59	32.00	-5.64	0.00	-26.36	5.64
Patient:		Rendering P	hysician:		Chart Number:	Place of Se	ervice: Date of	Birth:
JOSE D.	ARAUJO	ROHIT R. D	HIR MD		ARAJO000	CLS HEAL	TH 01/27/1	968
JOSE D.	ARAUJO	ROHIT R. D	HIR MD		ARAJO000 Paid By Applied to	CLS HEAL	TH 01/27/1	968
JOSE D. Dates	ARAUJO Procedure				Paid By Applied to		TH 01/27/1 Adjustments	
					Paid By Applied to Patient Deductible	Paid by ENTRUST		
Dates	Procedure	Desciption		Charge	Paid By Applied to Patient Deductible	Paid by ENTRUST 0.00	Adjustments	Remainder
Dates 01/10/22	Procedure 51798	Desciption Us urine capacity measure		Charge 33.00	Paid By Applied to Patient Deductible -11.54	Paid by ENTRUST 0.00 0.00	Adjustments -21.46	Remainder 11.54
Dates 01/10/22 03/01/23	Procedure 51798 99214	Desciption Us urine capacity measure OFFICE VISIT EST/LEVEL 4		33.00 385.00	Paid By Applied to Patient Deductible -11.54 -30.00 -166.50	Paid by ENTRUST 0.00 0.00 0.00	Adjustments -21.46 -218.50	Remainder 11.54 136.50
Dates 01/10/22 03/01/23 03/01/23	Procedure 51798 99214 51798	Desciption Us urine capacity measure OFFICE VISIT EST/LEVEL 4 Us urine capacity measure	Modifier	33.00 385.00 32.00	Paid By Applied to Patient Deductible -11.54 -30.00 -166.50 -13.74	Paid by ENTRUST 0.00 0.00 0.00	Adjustments -21.46 -218.50 -18.26	Remainder 11.54 136.50 13.74

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

430.11