

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

DARREN L. ADAIR 2104 KINGSWAY DR LEAGUE CITY, TX 77573-4906

OFFICE CONSULTATION/LEVEL 5

NO SHOW

(832)277-7255

Date of Last Payment: 11/15/2024

06/29/23

07/28/23

99245

99999

	Statement Date	Invoice Number	Page		
	02/10/2025	CLS ADADA001	1		
	Guarantor	Due Date	Payment Due		
Ī	DARREN L. ADAIR	Upon Receipt	25.00		

Pay Online	
Go to: cls.health/payment or scan the QR Code	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -100.00

Patient: DARREN L. ADAIR		Rendering Physician: MOHAMED A. KHALIL MD		Chart Number:	Place of Service:		Date of Birth: 06/06/1966		
				ADADA001 THE HEIG		HTS			
					Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier C	harge	Patient Deductible	Ambetter		Adjustments Re	em ainde r
04/25/23	99245	OFFICE CONSULTATION/LEVEL 5	Q6 4	497.00		-176.12		-310.88	10.00
Patient:		Rendering Ph	hysician:		Chart Number:	Place of S	ervice:	Date of B	rth:
DARREN	L. ADAIR	MAHMOOD	DWEIK MC)	ADADA001	CLS HEAL	.TH	06/06/196	i 6
					Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier C	harge	Patient Deductible	Ambetter		Adjustments Re	em ainde r

-10.00

-217.79

0.00

497.00

25.00

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

-279.21

-10.00

25.00

25.00