




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

KAREN ACTON  
P O BOX 3903  
GALVESTON, TX 77552-0903

(409)370-0506

Statement Date	Invoice Number	Page
02/10/2025	CLS ACTKA000	1
Guarantor	Due Date	Payment Due
KAREN ACTON	Upon Receipt	175.00

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 7/11/2022	Amount of Last Payment: 0.00
---------------------------------	------------------------------

Patient: KAREN ACTON	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ACTKA000	Place of Service: CLS HEALTH	Date of Birth: 04/15/1957
-------------------------	--	---------------------------	---------------------------------	------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WELL	Adjustments	Remainder
05/24/21	99999	NO SHOW		25.00		0.00		25.00
08/05/21	99999	NO SHOW		25.00		0.00		25.00
08/26/21	99999	NO SHOW		25.00		0.00		25.00

Patient: KAREN ACTON	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ACTKA000	Place of Service: CLS HEALTH	Date of Birth: 04/15/1957
-------------------------	--	---------------------------	---------------------------------	------------------------------

Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WELCARE	Adjustments	Remainder
01/31/22	99999	NO SHOW		25.00		0.00		25.00
05/05/22	99999	NO SHOW		25.00		0.00		25.00
05/16/22	99999	NO SHOW		25.00		0.00		25.00
06/30/22	99999	NO SHOW		25.00		0.00		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](https://cls.health/payment)

If remitting payment via mail in check, Please include statement.

Amount Due
<b>175.00</b>