

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

SHERRY Y. ADKINS 2211 34TH ST N APT 1310 TEXAS CITY, TX 77590-6582

(561)801-1653

Date of Last Payment: 12/26/2024

S	Statement Date	Invoice Number	Page 1		
	02/10/2025	CLS ADKSH000			
	Guarantor	Due Date	Payment Due		
	SHERRY Y	Upon Receipt	400.00		

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PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -4.91

Patient:			Rendering Physician:		Cha	art Number:	: Pla	ace of Servic	e:	Date of Birth:
SHERRY	Y. ADKINS		MOUSTAFA M. AHMED	MD	AD	KSH000	CL	S HEALTH		10/06/1965
Detec	Dunanduwa	December	Madifia v Ch		-	Applied to	•	Paid by EVERCARE	Paid by	
Dates	Procedure	Desciption	on Modifier Ch	arge	Patient	Deductible			Adju	stments Remainder
04/18/22	99999	NO SHOW	2	25.00			0.00	0.00	0	25.00
03/13/23	99991	NO SHOW	15	50.00			0.00	0.00	0	150.00
10/23/23	99991	NO SHOW	15	50.00			0.00	0.00	0	150.00
Patient:			Rendering Physician:		Cha	art Number:	: Pla	ace of Servic	e:	Date of Birth:
SHERRY	Y. ADKINS		MOUSTAFA M. AHMED	MD	AD	KSH000	CL	S HEALTH		10/06/1965
					Paid By	Applied to	Paid by	Paid by EVERCARE	Paid by	
Dates	Procedure	Desciption	on Modifier Ch	arge	Patient	De ductible	WELLMED	EVERCARE	Adju	stments Remainder
08/09/23	99999	NO SHOW	2	25.00			0.00	0.00	0	25.00
Patient:			Rendering Physician:		Cha	art Number:	: Pla	ace of Servic	e:	Date of Birth:
SHERRY	Y. ADKINS		LORRIE F. POOL APRN	ı	AD	KSH000	CL	S HEALTH		10/06/1965
					Paid By	Applied to	Paid by	Paid by	Paid by	
Dates	Procedure	Desciption	on Modifier Ch		-		•	EVERCARE	Adju:	stments Remainder
02/14/24	99999	NO SHOW	2	25.00			0.00	0.00	0	25.00
Patient:			Rendering Physician:		Cha	art Number:	: Pla	ace of Servic	e:	Date of Birth:
SHERRY	Y. ADKINS		ABDELNASER ELKHALI	ILI M	ID AD	KSH000	CL	S HEALTH		10/06/1965
					Paid Rv	Applied to	Paid by	Paid by	Paid by	
Dates	Procedure	Desciption	on Modifier Ch		-		•	EVERCARE		stments Remainder
05/01/24	99999	NO SHOW	2	25.00			0.00	0.00	0	25.00
H0.00 0 00	loction abou	ıt vour bol	lance or need to undate v	our i	naurana	a informati	on with up?	•		

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

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400.00

Amount Due