

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

KHALIL J. ABBOUD PO BOX 571151 HOUSTON, TX 77257-1151

(832)814-4729

Date of Last Payment: 5/2/2024

Statement Date	Invoice Number	Page		
02/10/2025	CLS ABBKH000	1		
Guarantor	Due Date	Payment Due		

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Amount of Last Payment: 0.00

Patient: Rendering Phy		ıysician:		Chart N	Chart Number:		ace of Service:	Date of B	irth:	
KHALIL J. ABBOUD ABDULHADI		M. AKHTAR MD		) ABBKH	ABBKH000		S HEALTH	09/12/1978		
					Paid By App	olied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge Par		Patient Ded	itient Deductible			Adjustments Remainder	
09/11/23	99204	OFFICE VIST NEW LEVEL 4		503.00	-212.00	-127.40	0.00		-375.60	-84.60
09/11/23	81003	Urinalysis auto w/o scope	QW	7.00		-1.88	0.00		-5.12	1.88
Patient: Rendering Physician:			Chart N	Chart Number:		ace of Service:	Date of Birth:			
KHALIL J. ABBOUD ABDULHADI M. AKHTAR MD		) ABBKH	ABBKH000		S HEALTH	09/12/1978				
Paid By Applied to Paid by										
Dates	Procedure	Desciption	Modifier	Charge	Patient Ded	uctible	UNITED		Adjustments R	em ainde r
01/26/24	52000	Cystoscopy		718.00		-195.30	0.00		-522.70	195.30

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

112.58