



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

DAN S. AGNEW
138 LAGO CIRCLE DR N
SANTA FE, TX 77517-3773

(281)269-7253

Statement Date	Invoice Number	Page
02/10/2025	CLS AGNDA000	1
Guarantor	Due Date	Payment Due
DAN S. AGNEW	Upon Receipt	25.00

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

Date of Last Payment:			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
DAN S. AGNEW	ABDELNASER ELKHALILI MD	AGNDA000	CLS HEALTH	04/09/1954	
Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible
03/22/21	99999	NO SHOW		25.00	Paid by BLUE 0.00
					Adjustments Remainder 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
25.00