



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

LINDA M. ALEXANDER  
2709 MAIN ST  
LA MARQUE, TX 77568-5106

(713)504-8407

| Statement Date | Invoice Number | Page        |
|----------------|----------------|-------------|
| 02/10/2025     | CLS ALELI000   | 1           |
| Guarantor      | Due Date       | Payment Due |
| LINDA M.       | Upon Receipt   | 75.00       |

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

| Date of Last Payment: 2/18/2022 |                         |               | Amount of Last Payment: -0.01 |                |  |
|---------------------------------|-------------------------|---------------|-------------------------------|----------------|--|
| Patient:                        | Rendering Physician:    | Chart Number: | Place of Service:             | Date of Birth: |  |
| LINDA M. ALEXANDER              | ABDELNASER ELKHALILI MD | ALELI000      | CLS HEALTH                    | 01/21/1949     |  |

| Dates    | Procedure | Description              | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder     |
|----------|-----------|--------------------------|----------|--------|---------|------------|---------|-------------|---------------|
| 01/25/22 | 99215     | OFFICE VISIT EST/LEVEL 5 |          | 563.00 | -25.00  |            | WELCARE | 0.00        | -463.00 75.00 |

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>75.00</b> |