

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

ELIZABETH M. ACREE **PO BOX 567** SANTA FE, TX 77510-0567

(409)599-3968

Date of Last Payment: 12/11/2024

Statement Date	Invoice Number	Page
02/10/2025	CLS ACREL000	1
C	Dec Dete	Doume and Due
Guarantor	Due Date	Payment Due

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Make Checks Payable To:

CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Amount of Last Payment: -84.55

Patient:		F	Rendering Ph	nysician:		Chart Number:	Pla	ce of Service:	Date of I	Birth:
ELIZABE	TH M. ACR	REE /	ABDELNASE	R ELKHA	ALILI M	D ACREL000	CLS	S HEALTH	11/04/19	960
						Paid By Applied to	Paid by			
Dates	Procedure	Desciption	1	Modifier	Charge	Patient Deductible	CIGNA		Adjustments	Remainder
04/28/21	G8427	Docrev cur meds b	by elig clin		0.01		0.00			0.01
Patient:		F	Rendering Ph	nysician:		Chart Number:	Pla	ce of Service:	Date of I	Birth:
ELIZABE	TH M. ACR	KEE /	ABDELNASE	R ELKHA	ALILI M	D ACREL000	CLS	S HEALTH	11/04/19	960
					ı	Paid By Applied to	Paid by			
Dates	Procedure	Desciption	1	Modifier	Charge	Patient Deductible	CIGNA		Adjustments	Remainder
Dates 01/31/24	Procedure 99999	Desciption No show	1	Modifier	Charge 25.00	Patient Deductible	CIGNA 0.00		Adjustments	Remainder 25.00
			1	Modifier		Patient Deductible			Adjustments	
		NO SHOW	n Rendering Ph			Patient Deductible Chart Number:	0.00	ce of Service:	Adjustments Date of I	25.00
01/31/24 Patient:		NO SHOW		nysician:	25.00	Chart Number:	0.00 Pla	ce of Service: S HEALTH	-	25.00 Birth:
01/31/24 Patient:	99999	NO SHOW	Rendering Ph	nysician:	25.00	Chart Number:	0.00 Pla		Date of I	25.00 Birth:
01/31/24 Patient:	99999	NO SHOW	Rendering Pr	nysician: ER ELKHA	25.00 ALILI M	Chart Number: D ACREL000	0.00 Plac		Date of I	25.00 Birth: 960
01/31/24 Patient: ELIZABE	99999 TH M. ACR	NO SHOW	Rendering Ph ABDELNASE n	nysician: ER ELKHA	25.00 ALILI M	Chart Number: D ACREL000 Paid By Applied to	0.00 Place CLS		Date of I	25.00 Birth: 960
01/31/24 Patient: ELIZABE Dates	99999 TH M. ACR Procedure	NO SHOW FREE Desciption	Rendering Ph ABDELNASE n ST/LEVEL 3	nysician: ER ELKHA Modifier	25.00 ALILI M Charge	Chart Number: D ACREL000 Paid By Applied to	Paid by CIGNA		Date of 11/04/19	25.00 Birth: 960 Remainder

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

130.46