




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

OLUWATOYIN H. ADEGBITE  
1750 E LEAGUE CITY PKWY  
APT 315  
LEAGUE CITY, TX 77573-2692  
(713)231-8611

Statement Date	Invoice Number	Page
02/10/2025	CLS ADEOL001	1
Guarantor	Due Date	Payment Due
OLUWATOYIN H.	Upon Receipt	50.00

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

Date of Last Payment: 5/29/2024			Amount of Last Payment: -64.04		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
OLUWATOYIN H.	ABDULHADI M. AKHTAR MD	ADEOL001	CLS HEALTH	08/01/1967	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
02/01/24	99992	NO SHOW		50.00		Patient Deductible	BLUE		50.00

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
50.00