

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

CATHY L. ADLERZ 4354 STAGHORN LN FRIENDSWOOD, TX 77546-3682

(832)250-8789

Statement Date	Invoice Number	Page	
02/10/2025	CLS ADLCA000	1	
Guarantor	Due Date	Payment Due	

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PO BOX 58538

Date of Last Payment: 11/22/2024 Amount of Last Payment: -6.81								
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birth:		
CATHY L. ADLERZ		MOHAMED A. KHALIL MD		ADLCA000	CLS HEALTH	01/15/1958		
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	TRICARE	Adjustments Remainder		
04/13/21	99214	OFFICE VISIT EST/LEVEL 4	25 404.00	-31.00 -31.00	-107.66	-296.34 -31.00		
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birth:		
CATHY L.	. ADLERZ	RAZI M. RA	SHID MD	ADLCA000	CLS HEALTH	01/15/1958		
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	TRICARE	Adjustments Remainder		
05/10/22	95930	Visual ep test cns w/i&r	207.00		-36.03	-137.97 33.00		
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birth:		
CATHY L	. ADLERZ	RAZI M. RA		ADLCA000	CLS HEALTH	01/15/1958		
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption			TRICARE	Adjustments Remainder		
05/04/22	95819	Eeg awake and asleep	1,421.0		-440.63	-947.37 33.00		
10/03/22	95819	Eeg awake and asleep	1,421.0		-440.63	-947.37 33.00		
Patient:		Rendering P	hysician:	Chart Number:	Place of Service:	Date of Birth:		
CATHY L. ADLERZ		FATHI BENE	RAOUANE MD	ADLCA000	CLS HEALTH	01/15/1958		
				Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	TRICARE	Adjustments Remainder		

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08/30/22 93925

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Amount Due

-570.65

33.00

Continued