



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

ELIZABETH AGA
4839 PIARES LN
LEAGUE CITY, TX 77573-3052

(832)984-1258

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS AGAEL000 | 1 |
| Guarantor | Due Date | Payment Due |
| ELIZABETH AGA | Upon Receipt | 19.59 |

| 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: 4/4/2024 | Amount of Last Payment: -125.00 |
|--------------------------------|---------------------------------|

| | | | | |
|---------------------------|---|---------------------------|---------------------------------|------------------------------|
| Patient: ELIZABETH AGA | Rendering Physician: ABDELNASER ELKHALILI MD | Chart Number: AGAEL000 | Place of Service: CLS HEALTH | Date of Birth: 05/26/1980 |
|---------------------------|---|---------------------------|---------------------------------|------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by BLUE | Adjustments | Remainder |
|----------|-----------|--------------------------|----------|--------|-----------------|-----------------------|--------------|-------------|-----------|
| 04/08/21 | 99215 | OFFICE VISIT EST/LEVEL 5 | | 564.00 | -59.83 | -44.62 | -66.94 | -452.44 | -15.21 |
| 04/08/21 | G8484 | Flu immunize no admin | | 0.01 | | | 0.00 | | 0.01 |
| 07/09/21 | 99215 | OFFICE VISIT EST/LEVEL 5 | | 564.00 | -59.83 | -44.62 | -66.94 | -452.44 | -15.21 |

| | | | | |
|---------------------------|---|---------------------------|---------------------------------|------------------------------|
| Patient: ELIZABETH AGA | Rendering Physician: ABDELNASER ELKHALILI MD | Chart Number: AGAEL000 | Place of Service: CLS HEALTH | Date of Birth: 05/26/1980 |
|---------------------------|---|---------------------------|---------------------------------|------------------------------|

| Dates | Procedure | Description | Modifier | Charge | Paid By Patient | Applied to Deductible | Paid by CASH | Adjustments | Remainder |
|----------|-----------|--------------------------|----------|--------|-----------------|-----------------------|--------------|-------------|-----------|
| 03/28/23 | 99215 | OFFICE VISIT EST/LEVEL 5 | | 540.00 | -100.00 | | 0.00 | -415.00 | 25.00 |
| 11/27/23 | 99999 | NO SHOW | | 25.00 | | | 0.00 | | 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 |
|------------|
| 19.59 |