

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

TAYEBA ASHRAFI 10522 BEECHNUT ST APT 2507 HOUSTON, TX 77072-4453

(609)621-6913

Statement Date	Invoice Number	Page	
02/10/2025	CLS ASHTA000	1	
Guarantor	Due Date	Payment Due	
TAYERA ASHRAFI	Upon Receipt	50.00	

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Date of Last Payment: 12/6/2024 Amount of Last Payment: 0.00								
Patient:		Rend	lering Physician:	Chart Number:	Place of Service:	Date of Birth:		
TAYEBA	ASHRAFI	MOU	ISTAFA M. AHMED MD	ASHTA000	CLS HEALTH	05/21/1952		
Deter	B	December		Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MOLINA	Adjustments Remainder		
11/27/23	99999	NO SHOW	25.00		0.00	25.00		
Patient:		Rend	lering Physician:	Chart Number:	Place of Service:	Date of Birth:		
TAYEBA	ASHRAFI	CATI	HERINE I. AGALA FNP-C	ASHTA000	CLS HEALTH	05/21/1952		
			F	Paid By Applied to	Paid by			
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MOLINA	Adjustments Remainder		

25.00

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

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If remitting payment via mail in check, Please include statement.

Amount Due

25.00

50.00