



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

APRIL M. ALZUGARAY
111 1/2 SMITH LN
LEAGUE CITY, TX 77573-4225

(832)490-9216

Statement Date	Invoice Number	Page
02/10/2025	CLS ALZAP000	1
Guarantor	Due Date	Payment Due
APRIL M.	Upon Receipt	60.00

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: 9/13/2021			Amount of Last Payment: -60.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
APRIL M. ALZUGARAY	ABDELNASER ELKHALILI MD	ALZAP000	CLS HEALTH	07/12/1975	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
05/27/21	99205	OFFICE VIST NEW LEVEL 5		690.00		-60.00	-99.95	-530.05	60.00

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
60.00