



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

HANAN E. ABUTAIR
471 REDWAY LN
WEBSTER, TX 77598-2523

(713)261-9664

Statement Date	Invoice Number	Page
02/10/2025	CLS ABUHA000	2
Guarantor	Due Date	Payment Due
HANAN E.	Upon Receipt	334.42

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	

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ABDELNASER ELKHALILI MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by COMMUNI	Adjustments	Remainder
11/09/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-10.00		-71.93	-492.07	-10.00
10/12/21	99215	OFFICE VISIT EST/LEVEL 5	25	563.00	-10.00		-71.93	-491.07	-10.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ABDELNASER ELKHALILI MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by COMMUNI	Adjustments	Remainder
05/11/22	99999	NO SHOW		25.00			0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ZULFIQAR CHEEMA MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by COMMUNI	Adjustments	Remainder
08/12/22	99999	NO SHOW		25.00			0.00		25.00

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
HANAN E. ABUTAIR	ABDELNASER ELKHALILI MD	ABUHA000	CLS HEALTH	05/22/1970

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by EVERCARE	Adjustments	Remainder
05/08/23	99999	NO SHOW		25.00			0.00		25.00
06/12/23	99999	NO SHOW		25.00			0.00		25.00
09/13/23	99999	NO SHOW		25.00			0.00		25.00
02/29/24	99999	NO SHOW		25.00			0.00		25.00
07/01/24	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
Continued