

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

CAROLYN E. ADAMS 16440 MOON ROCK DR APT 105 HOUSTON, TX 77058-1588

(346)397-0273

Statement Date	Invoice Number	Page	
02/10/2025	CLS ADACA001	1	
Guarantor	Due Date	Payment Due	

Pay Online	
Go to: cls.health/payment or scan the QR Code	

Make Checks Payable To:

PO BOX 58538 Webster, TX 77598

Date of	te of Last Payment: 10/16/2023 Amount of Last Payr					ment: 0.00	
Patient:		R	endering Physician:	Chart Number:	PI	ace of Service:	Date of Birth:
CAROLY	N E. ADAM	S M	OUSTAFA M. AHMED MD	ADACA001	CI	LS HEALTH	11/19/1959
				Paid By Applied to	Paid by	Paid by TMHP	
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	AETNA		Adjustments Remainder
05/20/21	99999	NO SHOW	25.00		0.00	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

25.00