

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

PATRICE R. ADAMS 910 WILLABY ST CHANNELVIEW, TX 77530-4700

(832)282-9759

09/01/23 96365

	Statement Date	Invoice Number	Page	
	02/10/2025	CLS ADAPA000	1	
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	Guarantor	Due Date	Payment Due	

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**CLS HEALTH PLLC** PO BOX 58538

	Webster, TX 77							98			
Date of Last Payment: 10/18/2024 Amount of Last Payment: -75.00											
Patient: Rendering F				Physiciar	hysician: Chart Number:		Place of Service: Date of B		Birth:		
			ABDELNASER ELKHALILI MD		ADAPA000	CLS HEALTH	06/07/1969				
Dates	Procedure	Desciptio	n	Modifie		aid By Applied to atient Deductible	Paid by CIGNA	Adjustments I	Remainder		
04/09/21	99999	NO SHOW			25.00		0.00		25.00		
03/11/22	99213	OFFICE VISIT E	ST/LEVEL 3	25	283.00	-5.00	0.00	-223.14	54.86		
03/11/22	96365	Ther/proph/diag	vinfinit		213.00		-41.34	-156.52	15.14		
Patient:			Rendering F	Physiciar	า:	Chart Number:	Place of Service:	Date of E	Birth:		
<u> </u>			ER ELKHALILI MD ADAPA000		CLS HEALTH 06/07/1969		69				
						aid By Applied to	Paid by				
Dates	Dates Procedure Desciption		n	Modifier Charge Patient Deductible		CIGNA	Adjustments I	Remainder			
07/13/22	99215	OFFICE VISIT E	ST/LEVEL 5		563.00		-43.59	-444.41	75.00		
Patient:			Rendering F	Physiciar	า:	Chart Number:	Place of Service:	Date of E	Birth:		
•			ABDELNAS	ER ELK	HALILI MD	ADAPA000	CLS HEALTH	06/07/19	69		
<b>l</b>						aid By Applied to	Paid by				
Dates	Procedure	Desciptio	n	Modifie		atient Deductible	CIGNA	Adjustments I	Remainder		
04/10/23	99215	OFFICE VISIT E	ST/LEVEL 5	Q6	540.00	-75.00 -202.86	0.00	-337.14	127.86		
Patient:			Rendering F	Physiciar	າ:	Chart Number:	Place of Service:	Date of E	Birth:		
i torraog			•	SER ELKHALILI MD ADAPA000		CLS HEALTH 06/07/1969		69			
						aid By Applied to	Paid by				
Dates	ates Procedure Desciption		Modifie	er Charge Pa	atient Deductible	CIGNA	Adjustments I	Adjustments Remainder			
09/01/23	99213	OFFICE VISIT E	ST/LEVEL 3	25	272.00	-75.00	0.00	-199.30	-2.30		

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

193.00

-54.55

Ther/proph/diag iv infinit

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

**Continued** 

Amount Due

-136.15

2.30