



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

FAY L. JOLIVET ASH  
6218 SIMSDALE ST  
HOUSTON, TX 77087-6840

(832)396-7300

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHFA000	1
Guarantor	Due Date	Payment Due
FAY L. JOLIVET	Upon Receipt	25.00

Pay Online	
Go to: <a href="https://cls.health/payment">cls.health/payment</a> or scan the QR Code	
Make Checks Payable To:	
CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 1/26/2024			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
FAY L. JOLIVET ASH	ABDELNASER ELKHALILI MD	ASHFA000	CLS HEALTH	10/06/1949	
Dates	Procedure	Description	Modifier	Paid By Applied to Patient Deductible	Paid by MEDICARE Paid by BLUE Adjustments Remainder
02/15/24	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?

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To make a payment online, go to [cls.health/payment](https://cls.health/payment)

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

Amount Due
<b>25.00</b>