




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

KATERI ANGEL-WILLIAMS
903 RESEDA DR
HOUSTON, TX 77062-5106

(281)686-3552

Statement Date	Invoice Number	Page
02/10/2025	CLS ANGKA000	1
Guarantor	Due Date	Payment Due
KATERI ANGEL-	Upon Receipt	284.08

Pay Online	
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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598	

Date of Last Payment: 11/21/2024	Amount of Last Payment: 0.00
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Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KATERI ANGEL-WILLIAMS	ABDELNASER ELKHALILI MD	ANGKA000	CLS HEALTH	02/01/1966

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by AETNA	Adjustments	Remainder
02/23/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-117.80	0.00	-446.20	-31.77
08/02/21	99215	OFFICE VISIT EST/LEVEL 5	25	564.00	-149.57	-117.94	0.00	-446.06	-31.63
08/02/21	96372	Ther/proph/diag inj sc/im		88.00		-25.32	0.00	-62.68	25.32
08/02/21	J3301	Triamcinolone acet inj nos		32.00		-9.84	0.00	-22.16	9.84
08/02/21	J1885	Ketorolac tromethamine inj		4.00		-1.60	0.00	-2.40	1.60
10/18/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-117.94	0.00	-446.06	-31.63

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KATERI ANGEL-WILLIAMS	AMANDA G. JOHNSON NP	ANGKA000	CLS HEALTH	02/01/1966

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by AETNA	Adjustments	Remainder
06/23/21	99215	OFFICE VISIT EST/LEVEL 5		564.00	-149.57	-100.25	0.00	-463.75	-49.32

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KATERI ANGEL-WILLIAMS	ABDELNASER ELKHALILI MD	ANGKA000	CLS HEALTH	02/01/1966

Dates	Procedure	Description	Modifier	Charge	Paid By Patient	Applied to Deductible	Paid by AETNA	Adjustments	Remainder
01/19/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-149.57	-127.74	0.00	-435.26	-21.83
05/16/22	99215	OFFICE VISIT EST/LEVEL 5		563.00	-149.57	-127.74	0.00	-435.26	-21.83

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Amount Due
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