




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

CONNIE D. ATKINS  
219 LAUREL ST  
BAYTOWN, TX 77520-1740

(346)801-5680

Statement Date	Invoice Number	Page
02/10/2025	CLS ATKCO000	1
Guarantor	Due Date	Payment Due
CONNIE D.	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: 9/7/2023			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
CONNIE D. ATKINS	ABDELNASER ELKHALILI MD	ATKCO000	CLS HEALTH	01/12/1961	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
03/27/24	99999	NO SHOW		25.00		Patient Deductible	EVERCARE		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](https://cls.health/payment)

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

Amount Due
<b>25.00</b>