

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

ELLIE C. ASHLEY 203 LAURELFIELD DR FRIENDSWOOD, TX 77546-4081

(281)787-3797

Statement Date	Invoice Number	Page		
02/10/2025	CLS ASHEL000	1		
		Payment Due		
Guarantor	Due Date	Payment Due		

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Date of	Last Paym	ent: 10/9/2024			Amol	unt of Last Pay	ment: -26.23	
Patient:		Rendering	Physician:	Chart Number:	: Pla	ace of Service:	Date of E	Birth:
ELLIE C.	ASHLEY	GERARD A	ABREO MD	ASHEL000	CL	S HEALTH	07/10/19	43
				Paid By Applied to	Paid by	Paid by MUTUAL		
Dates	Procedure	Desciption	Modifier Charge	Patient Deductible	MEDICARE		Adjustments l	Remainder
03/20/24	99214	OFFICE VISIT EST/LEVEL 4	387.00	-116.8	9 -11.24	-2.85	-256.02	116.89

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

116.89