



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

KAREN ACTON  
P O BOX 3903  
GALVESTON, TX 77552-0903

(409)370-0506

Statement Date	Invoice Number	Page
02/10/2025	CLS ACTKA000	1
Guarantor	Due Date	Payment Due
KAREN ACTON	Upon Receipt	175.00

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Patient: KAREN ACTON	Rendering Physician: MOHAMED A. KHALIL MD	Chart Number: ACTKA000	Place of Service: CLS HEALTH	Date of Birth: 04/15/1957
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Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WELL	Adjustments	Remainder
05/24/21	99999	NO SHOW		25.00		0.00		25.00
08/05/21	99999	NO SHOW		25.00		0.00		25.00
08/26/21	99999	NO SHOW		25.00		0.00		25.00

Patient: KAREN ACTON	Rendering Physician: MOUSTAFA M. AHMED MD	Chart Number: ACTKA000	Place of Service: CLS HEALTH	Date of Birth: 04/15/1957
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Dates	Procedure	Description	Modifier	Charge	Paid By Applied to Patient Deductible	Paid by WELCARE	Adjustments	Remainder
01/31/22	99999	NO SHOW		25.00		0.00		25.00
05/05/22	99999	NO SHOW		25.00		0.00		25.00
05/16/22	99999	NO SHOW		25.00		0.00		25.00
06/30/22	99999	NO SHOW		25.00		0.00		25.00

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Amount Due
175.00