



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

SUSAN ASHTON
14520 HIGHWAY 3 APT 1-302
WEBSTER, TX 77598-1832

(281)480-3409

Statement Date	Invoice Number	Page
02/10/2025	CLS ASHSU000	1
Guarantor	Due Date	Payment Due
SUSAN ASHTON	Upon Receipt	11.83

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

Date of Last Payment: 12/11/2024			Amount of Last Payment: 0.00		
Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:	
SUSAN ASHTON	ABDELNASER ELKHALILI MD	ASHSU000	CLS HEALTH	06/10/1950	

Dates	Procedure	Description	Modifier	Charge	Paid By	Applied to	Paid by	Adjustments	Remainder
					Patient	Deductible	UNITED		
02/25/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.93	-35.00	-91.70	-277.30	-4.93
04/22/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.56	-35.00	-99.57	-269.43	-4.56
06/17/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.56	-35.00	-99.57	-269.43	-4.56
08/12/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-39.56	-35.00	-99.57	-269.43	-4.56
10/07/21	99214	OFFICE VISIT EST/LEVEL 4	25	404.00	-65.44	-35.00	-99.57	-269.43	-30.44
12/02/21	99213	OFFICE VISIT EST/LEVEL 3	25	284.00		-35.00	-59.83	-189.17	35.00
12/02/21	96413	Chemo ivinfusion 1 hr		457.00		-25.88	-103.51	-327.61	25.88

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
11.83