



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

AUTUMN J. ARCHIBALD
9801 W FAIRMONT PKWY APT 1603
LA PORTE, TX 77571-4441

(832)441-9343

| Statement Date | Invoice Number | Page |
|----------------|----------------|-------------|
| 02/10/2025 | CLS ARCAU000 | 1 |
| Guarantor | Due Date | Payment Due |
| AUTUMN J. | Upon Receipt | 25.00 |

| 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: 6/12/2023 | | | Amount of Last Payment: -33.95 | | |
|---------------------------------|----------------------|---------------|--------------------------------|----------------|--|
| Patient: | Rendering Physician: | Chart Number: | Place of Service: | Date of Birth: | |
| AUTUMN J. ARCHIBALD | MOHAMED A. KHALIL MD | ARCAU000 | CLS HEALTH | 07/30/1993 | |

| Dates | Procedure | Description | Modifier | Charge | Paid By | Applied to | Paid by | Adjustments | Remainder |
|----------|-----------|-------------|----------|--------|---------|--------------------|---------|-------------|-----------|
| 05/12/22 | 99999 | NO SHOW | | 25.00 | | Patient Deductible | COMMUNI | | 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
If remitting payment via mail in check, Please include statement.

| Amount Due |
|--------------|
| 25.00 |