

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

KATERI ANGEL-WILLIAMS 903 RESEDA DR HOUSTON, TX 77062-5106

(281)686-3552

Statement Date	Invoice Number	Page		
02/10/2025	CLS ANGKA000	2		

Guarantor	Due Date	Payment Due	
KATERI ANGEL-	Upon Receipt	284.08	

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CLS HEALTH PLLC PO BOX 58538 Webster, TX 77598

Patient:	Rendering Physician:	Chart Number:	Place of Service:	Date of Birth:
KATERI ANGEL-WILLIAMS	ABDELNASER ELKHALILI MD	ANGKA000	CLS HEALTH	02/01/1966

					Paid By Applied to		Paid by			
Dates	Procedure	Desciption	Modifier	Charge	Patient Deductible		AETNA	Adjustments	Adjustments Remainder	
07/14/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-125.36	-91.51	0.00	-308.49	-33.85	
08/11/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-276.00	-91.51	0.00	-308.49	-184.49	
08/11/22	96413	Chemo iv infusion 1 hr		432.00		-112.64	0.00	-319.36	112.64	
10/06/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00	-164.41	-91.51	0.00	-308.49	-72.90	
12/01/22	99214	OFFICE VISIT EST/LEVEL 4	25	400.00		-91.51	0.00	-308.49	91.51	
12/01/22	96413	Chemo iv infusion 1 hr		432.00		-112.64	0.00	-319.36	112.64	
02/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-93.79	-106.56	0.00	-278.44	12.77	
04/13/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-266.27	-106.56	0.00	-278.44	-159.71	
04/13/23	96413	Chemo ivinfusion 1 hr		394.00		-112.20	0.00	-281.80	112.20	
04/13/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00	-118.98	55.02	
04/13/23	J2920	Methylprednisolone injection		12.00		-4.08	0.00	-7.92	4.08	
04/13/23	J1885	Ketorolac tromethamine inj		4.00		-1.18	0.00	-2.82	1.18	
06/15/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00	-278.44	-158.44	
06/15/23	96413	Chemo ivinfusion 1 hr		394.00		-112.20	0.00	-281.80	112.20	
06/15/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00	-118.98	55.02	
06/15/23	J2920	Methylprednisolone injection		12.00		-4.13	0.00	-7.87	4.13	
06/15/23	J1885	Ketorolac tromethamine inj		4.00		-0.98	0.00	-3.02	0.98	
08/25/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00	-278.44	-158.44	
08/25/23	96413	Chemo ivinfusion 1 hr		394.00		-112.20	0.00	-281.80	112.20	
08/25/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00	-118.98	55.02	
08/25/23	J2920	Methylprednisolone injection		12.00		-4.24	0.00	-7.76	4.24	
08/25/23	J1885	Ketorolac tromethamine inj		4.00		-1.10	0.00	-2.90	1.10	
10/19/23	99214	OFFICE VISIT EST/LEVEL 4	25	385.00	-265.00	-106.56	0.00	-278.44	-158.44	
10/19/23	96413	Chemo iv infusion 1 hr		394.00		-112.20	0.00	-281.80	112.20	
10/19/23	96367	Tx/proph/dg addl seq ivinf		174.00		-55.02	0.00	-118.98	55.02	

Have a question about your balance, or need to update your insurance information with us? Call 281-694-5986

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Amount Due

Continued