

CHA Occupational Health
 5 Middlesex Ave
 Somerville, MA 02145
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
 February 27, 2023

Bill to: Eleni Grimes
 City of Somerville
 93 Highland Ave
 Somerville, MA 02143-

For: City of Somerville
 June 2022

Invoice # 6683

| <u>Proc Code</u> | <u>Date</u> | <u>Description</u> | <u>Qty</u> | <u>Charge</u> | <u>Receipt</u> | <u>Adjust</u> | <u>Balance</u> |
|------------------|-------------|--|------------|---------------|----------------|---------------|----------------------------|
| | 06/08/2022 | Vision Screening - Peripheral | 1.00 | 10.00 | | | 10.00 |
| | 06/08/2022 | Vision Screening - Near & Far | 1.00 | 10.00 | | | 10.00 |
| | 06/08/2022 | Vision Screening - Ishihara | 1.00 | 15.00 | | | 15.00 |
| | 06/08/2022 | Comprehensive Metabolic Panel | 1.00 | 76.00 | | | 76.00 |
| | 06/08/2022 | CBCP Automated Differential | 1.00 | 20.00 | | | 20.00 |
| 10258 | 06/08/2022 | Audiogram | 1.00 | 45.00 | | | 45.00 |
| 71020 | 06/08/2022 | X-Ray, Chest, 2 Views | 1.00 | 140.00 | | | 140.00 |
| 80061 | 06/08/2022 | Lipid Profile | 1.00 | 45.00 | | | 45.00 |
| 86580 | 06/08/2022 | T.B. skin test (Mantoux) PLANT | 1.00 | 18.00 | | | 18.00 |
| 86706 | 06/08/2022 | Hepatitis B Surface Antibody | 1.00 | 35.00 | | | 35.00 |
| 90718 | 06/08/2022 | Tetanus and Diptheria (Td) vaccine | 1.00 | 45.00 | | | 45.00 |
| 94010 | 06/08/2022 | Pulmonary Function Testing (Spirometry) | 1.00 | 50.00 | | | 50.00 |
| | | | | | | | Balance Due: 509.00 |
| | 06/10/2022 | Drug Screen, collection only | 1.00 | 35.00 | | | 35.00 |
| | | | | | | | Balance Due: 35.00 |
| 10261 | 05/09/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 10261 | 06/02/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 10261 | 06/06/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 10261 | 06/09/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 10261 | 06/15/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 10261 | 06/20/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 82075 | 06/20/2022 | Breath Alcohol Testing | 1.00 | 55.00 | | | 55.00 |
| 10261 | 06/24/2022 | Professional Panel Drug Screen | 1.00 | 110.00 | | | 110.00 |
| 82075 | 06/24/2022 | Breath Alcohol Testing | 1.00 | 55.00 | | | 55.00 |
| | | | | | | | Balance Due: 880.00 |
| | 06/28/2022 | MD Telephone Consult (30 Min) | 1.00 | | | | - |
| | | | | | | | Balance Due: 0.00 |

Invoice # 6683 Balance Due: **1424.00**

Account Statement for City of Somerville

| | <u>Current</u> | <u>30+ Days</u> | <u>60+ Days</u> | <u>90+ Days</u> | <u>120+ Days</u> | <u>180+ Days</u> | <u>360+ Days</u> | <u>Total</u> |
|------------|----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|--------------|
| Self Pay | 1,265.00 | 330.00 | 1,650.00 | 0.00 | 0.00 | 1,574.00 | 0.00 | 4,819.00 |
| Work Comp. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Other Ins. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 118 Invs. | 1,265.00 | 330.00 | 1,650.00 | 0.00 | 0.00 | 1,574.00 | 0.00 | 4,819.00 |



Cut and return with payment

Please place invoice number **6683** on check

Please remit **1,424.00** to

Cambridge Public Health Commission
 PO Box 847438
 Boston, MA 02284-7438
 Phone: 617-591-4660