

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
07/06/23 - 07/12/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12859186

Patient Name: [REDACTED] SSN: [REDACTED]
Claim Number: 7250999 DOL: 02/03/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12859186	1	2023-02-03 - 2023-02-03	272777455	STEWARD MEDICAL GROUP	07/12/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$28.00
Bill Review Reductions:	\$19.13
Audit Reductions:	\$0.00
Network Reductions:	\$0.00
Total Reductions:	\$19.13
Recommended Payment:	\$8.87
Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$0.00
Tax Fees:	\$0.00
Total Fees:	\$1.25

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
07/06/23 - 07/12/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12859982

Patient Name: [REDACTED] SSN: [REDACTED]
Claim Number: 7250999 DOL: 02/03/2023
Employer: City of Somerville - Police

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12859982	1	2023-02-03 - 2023-02-03	272777455	STEWARD MEDICAL GROUP, INC	07/12/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$29.00
Bill Review Reductions:	\$20.13
Audit Reductions:	\$0.00
Network Reductions:	\$0.00
Total Reductions:	\$20.13
Recommended Payment:	\$8.87
Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$0.00
Tax Fees:	\$0.00
Total Fees:	\$1.25

Please reference invoice number with remittance of payment.