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

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
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.