

## 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

<b>Patient Name:</b>	<div style="background-color: black; width: 100px; height: 20px;"></div>	<b>SSN:</b>	<div style="background-color: black; width: 100px; height: 20px;"></div>
<b>Claim Number:</b>	7250999	<b>DOL:</b>	02/03/2023
<b>Employer:</b>	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

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

Please reference invoice number with remittance of payment.