

City of Somerville - Police
93 Highland Avenue
Somerville MA 02143

Voucher

Check Number

0000001110

Issue Date: 10/26/2023
VOID After 180 Days

00000000

For

Claim: 7250922 / Invoice Number 2933640-0005

Pay

Ninety and 00/100 Dollars

\$ *****90.00

To The OMNI UNDERWRITING MANAGERS LLC
OrderOf 711 EAST MAIN ST., STE 201
CHICOPEE, MA 01020

NON-NEGOTIABLE
Authorized Signature

⑈0000001110⑈ ⑆0000000000⑆ 9999999996⑈

Claim: 7250922 / [REDACTED], Accident date: 02/12/2020, Jurisdiction State: Massachusetts.
Insured: City of Somerville - Police, Policy: WC-POLICE.

The payment is for Medical Cost Containment - UR / Pre-Cert - paid under Medical from
10/03/2023 to 10/16/2023.

Check: 0000001110, issued: 10/24/2023, for: \$90.00, for: Medical, Invoice: 2933640-0005

To the Order of: Omni Underwriting Managers LLC
: 711 East Main St., Ste 201
: Chicopee, MA 01020

Please contact Cheryl McCarthy, telephone: (781) 939-2026 in FutureComp, Meriden, CT Meriden CT,
email: cheryl.mccarthy@usi.com, if you have questions regarding this payment.

Prior year
invoice

U.S. Mail

0001086103

**Bill To:**

City of Somerville
93 Highland Avenue

Somerville, MA 02143

FutureComp
711 E. Main Street, Suite 201
Chicopee, MA 01020

Utilization Review Invoice

Claimant	Date of Injury	Claim #	Tax ID
		7250922	
Invoice Number	Invoice Date	Claims Adjuster	
2933640-0005	10/23/2023	Cheryl McCarthy	

Details

Date	Activity	Time (hours)	Mileage	Expenses	Rate	Total
10/3/2023	UR-001 CONCUR (AUTH ID: 0065284000, TYPE: Physical Medicine)	-	-	-	Flat \$90.00	\$90.00
10/16/2023	UR-010 URSTANDARD - Other (UR request Surgery AUTH ID: 0065494000, TYPE: Surgery)	-	-	-	\$90 / hour	\$0.00

Total Hour Expense:	\$0.00
Total Miles Expense:	\$0.00
Total Expenses:	\$0.00
Total ME Fees	\$90.00
Invoice Total:	\$90.00

MAIL PAYMENT TO:

Omni Underwriting Managers LLC
PO Box 62937
Virginia Beach, VA 23466