

**PERIOD:** 06/26/2025-07/02/2025  
**FUTURECOMP CUSTOMER:** CITY OF SOMERVILLE  
**INVOICE #** 2025061700303947WOCI  
**PATIENT NAME:** [REDACTED]  
**CLAIM NUMBER:** FTC-0018541

**BILL DETAILS**

**STATE :** MA  
**BILL ID:** 2025061700303947WOCI  
**LINES:** 2  
**DATES OF SERVICE:** 4/10/2023 - 4/10/2023  
**PROVIDER TIN:** 042697983  
**PROVIDER NAME:** MASS GENERAL HOSPITAL  
**POSTED DATE:** 6/26/2025

**INVOICE DETAILS**

**BILLED CHARGES:** \$1,217.57  
**BILL REVIEW REDUCTIONS:** \$685.12  
**AUDIT REDUCTIONS:** \$ .00  
**NETWORK REDUCTIONS:** \$ .00  
**TOTAL REDUCTIONS:** \$685.12  
**RECOMMENDED PAYMENT:** \$532.45  
**BILL REVIEW FEES:** \$2.50  
**AUDIT FEES:** \$ .00  
**NETWORK FEES:** \$ .00  
**TAX FEES:** \$0  
**TOTAL FEES:** \$2.50

**REMIT TO:**  
 FEIN 742760720  
 Careworks Managed Care Services Inc  
 PO Box 200216  
 Dallas TX 75320-0216