

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/05/23 - 10/11/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924236

Patient Name:	[REDACTED]	SSN:	[REDACTED]
Claim Number:	7250922	DOL:	02/12/2020
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	12924236	1	2022-07-26 - 2022-07-26	043466314	BRIGHAM AND WOMENS PHYSICIANS	10/09/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$396.00
 Bill Review Reductions:	 \$297.23
Audit Reductions:	\$0.00
Network Reductions:	\$4.94
Total Reductions:	\$302.17
Recommended Payment:	\$93.83

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$1.33
Tax Fees:	\$0.00
Total Fees:	\$2.58

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/12/23 - 10/18/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12931652

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<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	12931652	1	2023-08-31 - 2023-08-31	043397450	Atrius Health Inc	10/13/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$172.00
Bill Review Reductions:	\$125.80
Audit Reductions:	\$0.00
Network Reductions:	\$4.62
Total Reductions:	\$130.42
Recommended Payment:	\$41.58

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$1.25
Tax Fees:	\$0.00
Total Fees:	\$2.50

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/12/23 - 10/18/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12936473

Patient Name:		SSN:	
Claim Number:	7250922	DOL:	02/12/2020
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	12936473	2	2023-09-14 - 2023-09-14	043397450	Atrius Health Inc	10/13/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	2
Billed Charges:	\$201.00

Bill Review Reductions:	\$153.12
Audit Reductions:	\$0.00
Network Reductions:	\$4.79
Total Reductions:	\$157.91
Recommended Payment:	\$43.09

Bill Review Fees:	\$2.50
Audit Fees:	\$0.00
Network Fees:	\$1.29
Tax Fees:	\$0.00
Total Fees:	\$3.79

Please reference invoice number with remittance of payment.