

CHA Occupational Health
5 Middlesex Ave
Somerville, MA 02145
Phone: 617-591-4660
FEIN: 04-3320571

Invoice
August 15, 2023

Bill to: Eleni Grams
City of Somerville
93 Highland Avenue
Somerville, MA 02143-

For: City of Somerville
June 2023

Invoice # 7538

| <u>Proc Code</u> | <u>Date</u> | <u>Description</u> | <u>Qty</u> | <u>Charge</u> | <u>Receipt</u> | <u>Adjust</u> | <u>Balance</u> |
|------------------|-------------|---------------------------------|------------|---------------|----------------|---------------------|----------------|
| | 06/15/2023 | Fitness For Duty (Initial Hour) | 1.00 | 385.00 | | | 385.00 |
| | | | | | | Balance Due: | 385.00 |
| 10261 | 06/21/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/15/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/28/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/27/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/23/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/01/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/22/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/26/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/19/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/14/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |
| | | | | | | Balance Due: | 80.00 |
| 10261 | 06/15/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | | 80.00 |

| | | | | | | |
|------------------------------------|------------|--------------------------|------|-------|---------------------|----------------|
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/27/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/22/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/22/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/19/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/26/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/01/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/15/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| | 06/15/2023 | No Show/Cancellation Fee | 1.00 | 60.00 | | 60.00 |
| | | | | | Balance Due: | 60.00 |
| 10261 | 06/21/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/21/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/30/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| 10261 | 06/30/2023 | 10 Panel Drug Screen | 1.00 | 80.00 | | 80.00 |
| | | | | | Balance Due: | 80.00 |
| Invoice # 7538 Balance Due: | | | | | | 2205.00 |

Account Statement for City of Somerville

| | <u>Current</u> | <u>30+ Days</u> | <u>60+ Days</u> | <u>90+ Days</u> | <u>120+ Days</u> | <u>180+ Days</u> | <u>360+ Days</u> | <u>Total</u> |
|------------|----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|--------------|
| Self Pay | 2,510.00 | 2,205.00 | 1,025.00 | 940.00 | 0.00 | 0.00 | 0.00 | 6,680.00 |
| Work Comp. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Other Ins. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 105 Invs. | 2,510.00 | 2,205.00 | 1,025.00 | 940.00 | 0.00 | 0.00 | 0.00 | 6,680.00 |



Cut and return with payment

Please place invoice number **7538** on check

Please remit **2,205.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660