CHA Occupational Health
One Cabot Rd
Second Floor
Medford, MA 02155
Phone: 617-591-4660
FEIN: 04-3320571

Invoice

August 07, 2025

Bill to: Eleni Grimes
City of Somerville
93 Highland Ave
Somerville, MA 02143-

For: City of Somerville Police & Fi
June 2024

Invoice # 8443

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
	06/25/2024	IME (with report)	1.00	1650.00			1650.00
				[redacted]	**Balance Due:**		**1650.00**
	06/06/2024	5 Panel Drug Screen (NON-DOT)	1.00	80.00			80.00
82075	06/06/2024	Breath Alcohol Testing	1.00	60.00			60.00
	06/13/2024	5 Panel Drug Screen (NON-DOT)	1.00	80.00			80.00
	06/13/2024	5 Panel Drug Screen (NON-DOT)	1.00	80.00			80.00
82075	06/13/2024	Breath Alcohol Testing	1.00	60.00			60.00
82075	06/13/2024	Breath Alcohol Testing	1.00	60.00			60.00
	06/19/2024	5 Panel Drug Screen (NON-DOT)	1.00	80.00			80.00
82075	06/19/2024	Breath Alcohol Testing	1.00	60.00			60.00
	06/27/2024	5 Panel Drug Screen (NON-DOT)	1.00	80.00			80.00
82075	06/27/2024	Breath Alcohol Testing	1.00	60.00			60.00
				[redacted]	**Balance Due:**		**700.00**
10261	06/06/2024	Professional Panel Drug Screen	1.00	125.00			125.00
82075	06/06/2024	Breath Alcohol Testing	1.00	60.00			60.00
10261	06/13/2024	Professional Panel Drug Screen	1.00	125.00			125.00
10261	06/13/2024	Professional Panel Drug Screen	1.00	125.00			125.00
82075	06/13/2024	Breath Alcohol Testing	1.00	60.00			60.00
10261	06/19/2024	Professional Panel Drug Screen	1.00	125.00			125.00
82075	06/19/2024	Breath Alcohol Testing	1.00	60.00			60.00
10261	06/26/2024	Professional Panel Drug Screen	1.00	125.00			125.00
82075	06/26/2024	Breath Alcohol Testing	1.00	60.00			60.00
				[redacted]	**Balance Due:**		**865.00**
					Invoice # 8443 Balance Due:		**3215.00**

Account Statement for City of Somerville Police & Fi

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00
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
166 Invs.	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00

Cut and return with payment

Please remit **3,215.00** to

Please place invoice number **8443** on check

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