

PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025051404341187WOCP

PATIENT NAME:

CLAIM NUMBER: 7250922

BILL DETAILS		INVOICE DETAILS	-
STATE:	MA	BILLED CHARGES:	\$160.00
BILL ID:	2025051404341187WOCP	BILL REVIEW REDUCTIONS:	\$116.78
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/15/2023 - 3/15/2023	NETWORK REDUCTIONS:	\$4.32
PROVIDER TIN:	043397450	TOTAL REDUCTIONS:	\$121.10
PROVIDER NAME:	JESSICA LAVINE	RECOMMENDED PAYMENT:	\$38.90
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$1.17
		TAX FEES:	\$0
		TOTAL FEES:	\$2.42

REMIT TO:



PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025051404481006WOCP

PATIENT NAME:

CLAIM NUMBER: 7250922

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$160.00
BILL ID:	2025051404481006WOCP	BILL REVIEW REDUCTIONS:	\$116.78
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/9/2023 - 3/9/2023	NETWORK REDUCTIONS:	\$4.32
PROVIDER TIN:	043397450	TOTAL REDUCTIONS:	\$121.10
PROVIDER NAME:	JESSICA LAVINE	RECOMMENDED PAYMENT:	\$38.90
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$1.17
		TAX FEES:	\$0
		TOTAL FEES:	\$2.42

REMIT TO:



PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025051404443103WOCP

PATIENT NAME:

CLAIM NUMBER: FTC-0016579

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$360.00
BILL ID:	2025051404443103WOCP	BILL REVIEW REDUCTIONS:	\$246.76
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	2/15/2025 - 2/15/2025	NETWORK REDUCTIONS:	\$5.66
PROVIDER TIN:	043320571	TOTAL REDUCTIONS:	\$252.42
PROVIDER NAME:	CAROLINE GORKA	RECOMMENDED PAYMENT:	\$107.58
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$1.53
		TAX FEES:	\$0
		TOTAL FEES:	\$2.78

REMIT TO:

FEIN 742760720 Careworks Managed Care Services Inc PO Box 200216



PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025051404301898WOCI

PATIENT NAME:

CLAIM NUMBER: FTC-0016579

BILL DETAILS	v.	INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$4,312.00
BILL ID:	2025051404301898WOCI	BILL REVIEW REDUCTIONS:	\$2,249.13
LINES:	11	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	2/15/2025 - 2/15/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	043320571	TOTAL REDUCTIONS:	\$2,249.13
PROVIDER NAME:	CAMBRIDGE PUBLIC HEALTH C	RECOMMENDED PAYMENT:	\$2,062.87
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$13.75
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$13.75

REMIT TO:

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Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052104331145WOCI

PATIENT NAME:

CLAIM NUMBER: FTC-0002705

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$8,669.00
BILL ID:	2025052104331145WOCI	BILL REVIEW REDUCTIONS:	\$4,931.80
LINES:	3	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/18/2025 - 3/18/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042697983	TOTAL REDUCTIONS:	\$4,931.80
PROVIDER NAME:	MASS GENERAL HOSPITAL	RECOMMENDED PAYMENT:	\$3,737.20
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$3.75
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$3.75

REMIT TO:

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PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052004302322WOCI

PATIENT NAME:

CLAIM NUMBER: FTC-0016077

BILL DETAILS	a .	INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$2,567.00
BILL ID:	2025052004302322WOCI	BILL REVIEW REDUCTIONS:	\$2,293.41
LINES:	10	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	4/2/2025 - 4/29/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042697983	TOTAL REDUCTIONS:	\$2,293.41
PROVIDER NAME:	MGH WALTHAM	RECOMMENDED PAYMENT:	\$273.59
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$12.50
*		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$12.50

REMIT TO:



PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025051222311593WCEI

PATIENT NAME:

CLAIM NUMBER: FTC-0018758

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$1,496.36
BILL ID:	2025051222311593WCEI	BILL REVIEW REDUCTIONS:	\$690.87
LINES:	4	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	4/25/2025 - 4/25/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042104434	TOTAL REDUCTIONS:	\$690.87
PROVIDER NAME:	WINCHESTER HOSPITAL	RECOMMENDED PAYMENT:	\$805.49
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$5.00
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$5.00

REMIT TO:

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PERIOD: 05/29/2025-06/04/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025051622341663WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016077

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$751.00
BILL ID:	2025051622341663WCEP	BILL REVIEW REDUCTIONS:	\$694.98
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	4/28/2025 - 4/28/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$694.98
PROVIDER NAME:	MEGAN LAMPRON	RECOMMENDED PAYMENT:	\$56.02
POSTED DATE:	5/29/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$1.25

REMIT TO:

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Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 06/05/2025-06/11/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052104450337WOCP

PATIENT NAME:

CLAIM NUMBER: 7250922

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$172.00
BILL ID:	2025052104450337WOCP	BILL REVIEW REDUCTIONS:	\$125.80
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/5/2025 - 5/5/2025	NETWORK REDUCTIONS:	\$4.62
PROVIDER TIN:	043397450	TOTAL REDUCTIONS:	\$130.42
PROVIDER NAME:	DECHELLO GEORGE	RECOMMENDED PAYMENT:	\$41.58
POSTED DATE:	6/5/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$1.25
		TAX FEES:	\$0
		TOTAL FEES:	\$2.50

REMIT TO:



PERIOD: 06/05/2025-06/11/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052804361928WOCP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	=
STATE:	MA	BILLED CHARGES:	\$3,955.00
BILL ID:	2025052804361928WOCP	BILL REVIEW REDUCTIONS:	\$1,009.01
LINES:	3	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/9/2025 - 5/9/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	272930372	TOTAL REDUCTIONS:	\$1,009.01
PROVIDER NAME:	MINESH PATEL	RECOMMENDED PAYMENT:	\$2,945.99
POSTED DATE:	6/5/2025	BILL REVIEW FEES:	\$3.75
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$3.75

REMIT TO:

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PERIOD: 06/05/2025-06/11/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052804454543WOCP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$2,150.00
BILL ID:	2025052804454543WOCP	BILL REVIEW REDUCTIONS:	\$604.59
LINES:	3	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/9/2025 - 5/9/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	272930372	TOTAL REDUCTIONS:	\$604.59
PROVIDER NAME:	NIRAV SHAH	RECOMMENDED PAYMENT:	\$1,545.41
POSTED DATE:	6/5/2025	BILL REVIEW FEES:	\$3.75
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$3.75

REMIT TO:



PERIOD: 06/05/2025-06/11/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052804332988WOCI

PATIENT NAME:

CLAIM NUMBER: FTC-0002705

BILL DETAILS	*	INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$3,026.00
BILL ID:	2025052804332988WOCI	BILL REVIEW REDUCTIONS:	\$2,528.49
LINES:	4	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/12/2025 - 5/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042697983	TOTAL REDUCTIONS:	\$2,528.49
PROVIDER NAME:	MASS GENERAL HOSPITAL	RECOMMENDED PAYMENT:	\$497.51
POSTED DATE:	6/5/2025	BILL REVIEW FEES:	\$5.00
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$5.00

REMIT TO:

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Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 06/12/2025-06/18/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # __2025060504425288WOCP

PATIENT NAME:

CLAIM NUMBER: FTC-0014590

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$3,375.00
BILL ID:	2025060504425288WOCP	BILL REVIEW REDUCTIONS:	\$3,008.56
LINES:	2	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	1/30/2025 - 1/30/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042621862	TOTAL REDUCTIONS:	\$3,008.56
PROVIDER NAME:	CATALDO AMBULANCE	RECOMMENDED PAYMENT:	\$366.44
POSTED DATE:	6/12/2025	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



PERIOD: 06/12/2025-06/18/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025042905241795CMCC

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$240.00
BILL ID:	2025042905241795CMCC	BILL REVIEW REDUCTIONS:	\$150.58
LINES:	2	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	4/16/2025 - 4/16/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	270541909	TOTAL REDUCTIONS:	\$150.58
PROVIDER NAME:	KURTIN ERICA	RECOMMENDED PAYMENT:	\$89.42
POSTED DATE:	6/12/2025	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



PERIOD: 06/12/2025-06/18/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052304320839WOCP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS	н	INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$387.00
BILL ID:	2025052304320839WOCP	BILL REVIEW REDUCTIONS:	\$303.05
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/6/2025 - 5/6/2025	NETWORK REDUCTIONS:	\$8.39
PROVIDER TIN:	043397450	TOTAL REDUCTIONS:	\$311.44
PROVIDER NAME:	EMILY ROAN	RECOMMENDED PAYMENT:	\$75.56
POSTED DATE:	6/12/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$2.27
		TAX FEES:	\$0
		TOTAL FEES:	\$3.52

REMIT TO:



PERIOD: 06/12/2025-06/18/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052222331785WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0002705

BILL DETAILS		INVOICE DETAILS	-
STATE:	MA	BILLED CHARGES:	\$105.00
BILL ID:	2025052222331785WCEP	BILL REVIEW REDUCTIONS:	\$50.43
LINES:	2	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/12/2025 - 5/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$50.43
PROVIDER NAME:	PEGGY LAI	RECOMMENDED PAYMENT:	\$54.57
POSTED DATE:	6/12/2025	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



PERIOD: 06/12/2025-06/18/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025052904472636WOCP

PATIENT NAME:

CLAIM NUMBER: 7250922

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$172.00
BILL ID:	2025052904472636WOCP	BILL REVIEW REDUCTIONS:	\$125.80
LINES:	1 ,	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	5/12/2025 - 5/12/2025	NETWORK REDUCTIONS:	\$2.80
PROVIDER TIN:	043397450	TOTAL REDUCTIONS:	\$128.60
PROVIDER NAME:	DECHELLO GEORGE	RECOMMENDED PAYMENT:	\$43.40
POSTED DATE:	6/12/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.76
		TAX FEES:	\$0
		TOTAL FEES:	\$2.01

REMIT TO:

FEIN 742760720

Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041604431003WOCP

PATIENT NAME:

CLAIM NUMBER: 7250922

BILL DETAILS		æ	INVOICE DETAILS	
STATE:	MA		BILLED CHARGES:	\$710.00
BILL ID:	2025041604431003WOCP		BILL REVIEW REDUCTIONS:	\$313.18
LINES:	2		AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	9/22/2021 - 9/22/2021		NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	820671467		TOTAL REDUCTIONS:	\$313.18
PROVIDER NAME:	ANTHONY SCHENA		RECOMMENDED PAYMENT:	\$396.82
POSTED DATE:	5/1/2025		BILL REVIEW FEES:	\$2.50
			AUDIT FEES:	\$.00
			NETWORK FEES:	\$.00
			TAX FEES:	\$0
			TOTAL FEES:	\$2.50

REMIT TO:



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025040422325510WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016077

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$751.00
BILL ID:	2025040422325510WCEP	BILL REVIEW REDUCTIONS:	\$694.98
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/26/2025 - 3/26/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$694.98
PROVIDER NAME:	MEGAN LAMPRON	RECOMMENDED PAYMENT:	\$56.02
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$1.25

REMIT TO:



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041122323467WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$425.00
BILL ID:	2025041122323467WCEP	BILL REVIEW REDUCTIONS:	\$322.37
LINES:	2	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/12/2025 - 3/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$322.37
PROVIDER NAME:	AJAY SINGH	RECOMMENDED PAYMENT:	\$102.63
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$2.50
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$2.50

REMIT TO:



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041422350257WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$1,795.00
BILL ID:	2025041422350257WCEP	BILL REVIEW REDUCTIONS:	\$1,097.31
LINES:	5	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/12/2025 - 3/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$1,097.31
PROVIDER NAME:	MARC SUCCI	RECOMMENDED PAYMENT:	\$697.69
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$6.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$6.25

REMIT TO:

FEIN 742760720

Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041422350499WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$75.00
BILL ID:	2025041422350499WCEP	BILL REVIEW REDUCTIONS:	\$29.79
LINES:	2	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/12/2025 - 3/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$29.79
PROVIDER NAME:	MARC SUCCI	RECOMMENDED PAYMENT:	\$45.21
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$2.50
el e	2	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



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041422351201WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$1,083.00
BILL ID:	2025041422351201WCEP	BILL REVIEW REDUCTIONS:	\$826.95
LINES:	4	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/12/2025 - 3/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$826.95
PROVIDER NAME:	STEPHEN DORNER	RECOMMENDED PAYMENT:	\$256.05
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$5.00
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$5.00

REMIT TO:

FEIN 742760720 Careworks Managed Care Services Inc PO Box 200216



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025042208312362WOCI

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$28,616.48
BILL ID:	2025042208312362WOCI	BILL REVIEW REDUCTIONS:	\$16,279.87
LINES:	26	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/12/2025 - 3/13/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042697983	TOTAL REDUCTIONS:	\$16,279.87
PROVIDER NAME:	MASS GENERAL HOSPITAL	RECOMMENDED PAYMENT:	\$12,336.61
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$32.50
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$32.50

REMIT TO:

FEIN 742760720

Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041422350702WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$37.00
BILL ID:	2025041422350702WCEP	BILL REVIEW REDUCTIONS:	\$28.13
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/13/2025 - 3/13/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$28.13
PROVIDER NAME:	ANIRUDDH PATEL	RECOMMENDED PAYMENT:	\$8.87
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$1.25
***		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$1.25

REMIT TO:

FEIN 742760720

Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025040104393089WOCP

PATIENT NAME:

CLAIM NUMBER: FTC-0016077

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$1,980.00
BILL ID:	2025040104393089WOCP	BILL REVIEW REDUCTIONS:	\$1,401.70
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/13/2025 - 3/13/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	452979715	TOTAL REDUCTIONS:	\$1,401.70
PROVIDER NAME:	SHIELDS IMAGING OF LOWELL GENE	RECOMMENDED PAYMENT:	\$578.30
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
e e		TAX FEES:	\$0
		TOTAL FEES:	\$1.25

REMIT TO:



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025040808302417WOCI

PATIENT NAME:

CLAIM NUMBER: FTC-0002705

BILL DETAILS		INVOICE DETAILS	1
STATE:	MA	BILLED CHARGES:	\$5,429.00
BILL ID:	2025040808302417WOCI	BILL REVIEW REDUCTIONS:	\$4,909.58
LINES:	25	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/18/2025 - 3/18/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042697983	TOTAL REDUCTIONS:	\$4,909.58
PROVIDER NAME:	MASS GENERAL HOSPITAL	RECOMMENDED PAYMENT:	\$519.42
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$31.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$31.25

REMIT TO:

FEIN 742760720

Careworks Managed Care Services Inc

PO Box 200216



PERIOD: 05/01/2025-05/07/2025

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2025041122323255WCEP

PATIENT NAME:

CLAIM NUMBER: FTC-0016468

BILL DETAILS		INVOICE DETAILS	
STATE:	MA	BILLED CHARGES:	\$377.00
BILL ID:	2025041122323255WCEP	BILL REVIEW REDUCTIONS:	\$295.42
LINES:	1	AUDIT REDUCTIONS:	\$.00
DATES OF SERVICE:	3/12/2025 - 3/12/2025	NETWORK REDUCTIONS:	\$.00
PROVIDER TIN:	042807148	TOTAL REDUCTIONS:	\$295.42
PROVIDER NAME:	MARYAM VEJDANI JAHROMI	RECOMMENDED PAYMENT:	\$81.58
POSTED DATE:	5/1/2025	BILL REVIEW FEES:	\$1.25
		AUDIT FEES:	\$.00
		NETWORK FEES:	\$.00
		TAX FEES:	\$0
		TOTAL FEES:	\$1.25

REMIT TO:

FEIN 742760720 Careworks Managed Care Services Inc PO Box 200216