careworks

INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025051404341187WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250922

BILL DETAILS

STATE :	MA
BILL ID:	2025051404341187WOCP
LINES:	1
DATES OF SERVICE:	3/15/2023 - 3/15/2023
PROVIDER TIN:	043397450
PROVIDER NAME:	JESSICA LAVINE
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$160.00
BILL REVIEW REDUCTIONS:	$116.78
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$4.32
TOTAL REDUCTIONS:	$121.10
RECOMMENDED PAYMENT:	$38.90
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$1.17
TAX FEES:	$0
TOTAL FEES:	**$2.42**

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025051404481006WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250922

BILL DETAILS

STATE :	MA
BILL ID:	2025051404481006WOCP
LINES:	1
DATES OF SERVICE:	3/9/2023 - 3/9/2023
PROVIDER TIN:	043397450
PROVIDER NAME:	JESSICA LAVINE
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$160.00
BILL REVIEW REDUCTIONS:	$116.78
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$4.32
TOTAL REDUCTIONS:	$121.10
RECOMMENDED PAYMENT:	$38.90
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$1.17
TAX FEES:	$0
TOTAL FEES:	**$2.42**

REMIT TO:
FEIN 742760720
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INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025051404443103WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016579

BILL DETAILS

STATE :	MA
BILL ID:	2025051404443103WOCP
LINES:	1
DATES OF SERVICE:	2/15/2025 - 2/15/2025
PROVIDER TIN:	043320571
PROVIDER NAME:	CAROLINE GORKA
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$360.00
BILL REVIEW REDUCTIONS:	$246.76
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$5.66
TOTAL REDUCTIONS:	$252.42
RECOMMENDED PAYMENT:	$107.58
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$1.53
TAX FEES:	$0
TOTAL FEES:	**$2.78**

REMIT TO:
FEIN 742760720
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INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025051404301898WOCI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016579

BILL DETAILS

STATE :	MA
BILL ID:	2025051404301898WOCI
LINES:	11
DATES OF SERVICE:	2/15/2025 - 2/15/2025
PROVIDER TIN:	043320571
PROVIDER NAME:	CAMBRIDGE PUBLIC HEALTH C
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$4,312.00
BILL REVIEW REDUCTIONS:	$2,249.13
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$2,249.13
RECOMMENDED PAYMENT:	$2,062.87
BILL REVIEW FEES:	$13.75
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$13.75**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052104331145WOCI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0002705

BILL DETAILS

STATE :	MA
BILL ID:	2025052104331145WOCI
LINES:	3
DATES OF SERVICE:	3/18/2025 - 3/18/2025
PROVIDER TIN:	042697983
PROVIDER NAME:	MASS GENERAL HOSPITAL
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$8,669.00
BILL REVIEW REDUCTIONS:	$4,931.80
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$4,931.80
RECOMMENDED PAYMENT:	$3,737.20
BILL REVIEW FEES:	$3.75
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$3.75**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052004302322WOCI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016077

BILL DETAILS

STATE :	MA
BILL ID:	2025052004302322WOCI
LINES:	10
DATES OF SERVICE:	4/2/2025 - 4/29/2025
PROVIDER TIN:	042697983
PROVIDER NAME:	MGH WALTHAM
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$2,567.00
BILL REVIEW REDUCTIONS:	$2,293.41
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$2,293.41
RECOMMENDED PAYMENT:	$273.59
BILL REVIEW FEES:	$12.50
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$12.50**

REMIT TO:
FEIN 742760720
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INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025051222311593WCEI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0018758

BILL DETAILS

STATE :	MA
BILL ID:	2025051222311593WCEI
LINES:	4
DATES OF SERVICE:	4/25/2025 - 4/25/2025
PROVIDER TIN:	042104434
PROVIDER NAME:	WINCHESTER HOSPITAL
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$1,496.36
BILL REVIEW REDUCTIONS:	$690.87
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$690.87
RECOMMENDED PAYMENT:	$805.49
BILL REVIEW FEES:	$5.00
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$5.00**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/29/2025-06/04/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025051622341663WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016077

BILL DETAILS

STATE :	MA
BILL ID:	2025051622341663WCEP
LINES:	1
DATES OF SERVICE:	4/28/2025 - 4/28/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	MEGAN LAMPRON
POSTED DATE:	5/29/2025

INVOICE DETAILS

BILLED CHARGES:	$751.00
BILL REVIEW REDUCTIONS:	$694.98
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$694.98
RECOMMENDED PAYMENT:	$56.02
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$1.25**

REMIT TO:
FEIN 742760720
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INDIVIDUAL SUMMARY

PERIOD: 06/05/2025-06/11/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052104450337WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250922

BILL DETAILS

STATE :	MA
BILL ID:	2025052104450337WOCP
LINES:	1
DATES OF SERVICE:	5/5/2025 - 5/5/2025
PROVIDER TIN:	043397450
PROVIDER NAME:	DECHELLO GEORGE
POSTED DATE:	6/5/2025

INVOICE DETAILS

BILLED CHARGES:	$172.00
BILL REVIEW REDUCTIONS:	$125.80
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$4.62
TOTAL REDUCTIONS:	$130.42
RECOMMENDED PAYMENT:	$41.58
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$1.25
TAX FEES:	$0
TOTAL FEES:	**$2.50**

REMIT TO:
FEIN 742760720
Careworks Managed Care Services Inc
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Dallas TX 75320-0216

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INDIVIDUAL SUMMARY

PERIOD: 06/05/2025-06/11/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052804361928WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025052804361928WOCP
LINES:	3
DATES OF SERVICE:	5/9/2025 - 5/9/2025
PROVIDER TIN:	272930372
PROVIDER NAME:	MINESH PATEL
POSTED DATE:	6/5/2025

INVOICE DETAILS

BILLED CHARGES:	$3,955.00
BILL REVIEW REDUCTIONS:	$1,009.01
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$1,009.01
RECOMMENDED PAYMENT:	$2,945.99
BILL REVIEW FEES:	$3.75
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$3.75**

REMIT TO:
FEIN 742760720
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INDIVIDUAL SUMMARY

PERIOD: 06/05/2025-06/11/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052804454543WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025052804454543WOCP
LINES:	3
DATES OF SERVICE:	5/9/2025 - 5/9/2025
PROVIDER TIN:	272930372
PROVIDER NAME:	NIRAV SHAH
POSTED DATE:	6/5/2025

INVOICE DETAILS

BILLED CHARGES:	$2,150.00
BILL REVIEW REDUCTIONS:	$604.59
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$604.59
RECOMMENDED PAYMENT:	$1,545.41
BILL REVIEW FEES:	$3.75
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$3.75**

REMIT TO:
FEIN 742760720
Careworks Managed Care Services Inc
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INDIVIDUAL SUMMARY

PERIOD: 06/05/2025-06/11/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052804332988WOCI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0002705

BILL DETAILS

STATE :	MA
BILL ID:	2025052804332988WOCI
LINES:	4
DATES OF SERVICE:	5/12/2025 - 5/12/2025
PROVIDER TIN:	042697983
PROVIDER NAME:	MASS GENERAL HOSPITAL
POSTED DATE:	6/5/2025

INVOICE DETAILS

BILLED CHARGES:	$3,026.00
BILL REVIEW REDUCTIONS:	$2,528.49
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$2,528.49
RECOMMENDED PAYMENT:	$497.51
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
Dallas TX 75320-0216

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INDIVIDUAL SUMMARY

PERIOD: 06/12/2025-06/18/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025060504425288WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0014590

BILL DETAILS

STATE :	MA
BILL ID:	2025060504425288WOCP
LINES:	2
DATES OF SERVICE:	1/30/2025 - 1/30/2025
PROVIDER TIN:	042621862
PROVIDER NAME:	CATALDO AMBULANCE
POSTED DATE:	6/12/2025

INVOICE DETAILS

BILLED CHARGES:	$3,375.00
BILL REVIEW REDUCTIONS:	$3,008.56
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$3,008.56
RECOMMENDED PAYMENT:	$366.44
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

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INDIVIDUAL SUMMARY

PERIOD: 06/12/2025-06/18/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025042905241795CMCC
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025042905241795CMCC
LINES:	2
DATES OF SERVICE:	4/16/2025 - 4/16/2025
PROVIDER TIN:	270541909
PROVIDER NAME:	KURTIN ERICA
POSTED DATE:	6/12/2025

INVOICE DETAILS

BILLED CHARGES:	$240.00
BILL REVIEW REDUCTIONS:	$150.58
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$150.58
RECOMMENDED PAYMENT:	$89.42
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

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INDIVIDUAL SUMMARY

PERIOD: 06/12/2025-06/18/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052304320839WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025052304320839WOCP
LINES:	1
DATES OF SERVICE:	5/6/2025 - 5/6/2025
PROVIDER TIN:	043397450
PROVIDER NAME:	EMILY ROAN
POSTED DATE:	6/12/2025

INVOICE DETAILS

BILLED CHARGES:	$387.00
BILL REVIEW REDUCTIONS:	$303.05
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$8.39
TOTAL REDUCTIONS:	$311.44
RECOMMENDED PAYMENT:	$75.56
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$2.27
TAX FEES:	$0
TOTAL FEES:	**$3.52**

REMIT TO:
FEIN 742760720
Careworks Managed Care Services Inc
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INDIVIDUAL SUMMARY

PERIOD: 06/12/2025-06/18/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052222331785WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0002705

BILL DETAILS

STATE :	MA
BILL ID:	2025052222331785WCEP
LINES:	2
DATES OF SERVICE:	5/12/2025 - 5/12/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	PEGGY LAI
POSTED DATE:	6/12/2025

INVOICE DETAILS

BILLED CHARGES:	$105.00
BILL REVIEW REDUCTIONS:	$50.43
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$50.43
RECOMMENDED PAYMENT:	$54.57
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
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INDIVIDUAL SUMMARY

PERIOD: 06/12/2025-06/18/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025052904472636WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250922

BILL DETAILS

STATE :	MA
BILL ID:	2025052904472636WOCP
LINES:	1
DATES OF SERVICE:	5/12/2025 - 5/12/2025
PROVIDER TIN:	043397450
PROVIDER NAME:	DECHELLO GEORGE
POSTED DATE:	6/12/2025

INVOICE DETAILS

BILLED CHARGES:	$172.00
BILL REVIEW REDUCTIONS:	$125.80
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$2.80
TOTAL REDUCTIONS:	$128.60
RECOMMENDED PAYMENT:	$43.40
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .76
TAX FEES:	$0
TOTAL FEES:	**$2.01**

REMIT TO:
FEIN 742760720
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Dallas TX 75320-0216

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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041604431003WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250922

BILL DETAILS

STATE :	MA
BILL ID:	2025041604431003WOCP
LINES:	2
DATES OF SERVICE:	9/22/2021 - 9/22/2021
PROVIDER TIN:	820671467
PROVIDER NAME:	ANTHONY SCHENA
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$710.00
BILL REVIEW REDUCTIONS:	$313.18
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$313.18
RECOMMENDED PAYMENT:	$396.82
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
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Dallas TX 75320-0216

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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025040422325510WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016077

BILL DETAILS

STATE :	MA
BILL ID:	2025040422325510WCEP
LINES:	1
DATES OF SERVICE:	3/26/2025 - 3/26/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	MEGAN LAMPRON
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$751.00
BILL REVIEW REDUCTIONS:	$694.98
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$694.98
RECOMMENDED PAYMENT:	$56.02
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
Dallas TX 75320-0216

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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041122323467WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025041122323467WCEP
LINES:	2
DATES OF SERVICE:	3/12/2025 - 3/12/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	AJAY SINGH
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$425.00
BILL REVIEW REDUCTIONS:	$322.37
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$322.37
RECOMMENDED PAYMENT:	$102.63
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

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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041422350257WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025041422350257WCEP
LINES:	5
DATES OF SERVICE:	3/12/2025 - 3/12/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	MARC SUCCI
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$1,795.00
BILL REVIEW REDUCTIONS:	$1,097.31
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$1,097.31
RECOMMENDED PAYMENT:	$697.69
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
Dallas TX 75320-0216

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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041422350499WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025041422350499WCEP
LINES:	2
DATES OF SERVICE:	3/12/2025 - 3/12/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	MARC SUCCI
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$75.00
BILL REVIEW REDUCTIONS:	$29.79
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$29.79
RECOMMENDED PAYMENT:	$45.21
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

careworks

INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041422351201WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025041422351201WCEP
LINES:	4
DATES OF SERVICE:	3/12/2025 - 3/12/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	STEPHEN DORNER
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$1,083.00
BILL REVIEW REDUCTIONS:	$826.95
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$826.95
RECOMMENDED PAYMENT:	$256.05
BILL REVIEW FEES:	$5.00
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$5.00**

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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025042208312362WOCI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025042208312362WOCI
LINES:	26
DATES OF SERVICE:	3/12/2025 - 3/13/2025
PROVIDER TIN:	042697983
PROVIDER NAME:	MASS GENERAL HOSPITAL
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$28,616.48
BILL REVIEW REDUCTIONS:	$16,279.87
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$16,279.87
RECOMMENDED PAYMENT:	$12,336.61
BILL REVIEW FEES:	$32.50
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$32.50**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041422350702WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025041422350702WCEP
LINES:	1
DATES OF SERVICE:	3/13/2025 - 3/13/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	ANIRUDDH PATEL
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$37.00
BILL REVIEW REDUCTIONS:	$28.13
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$28.13
RECOMMENDED PAYMENT:	$8.87
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$1.25**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025040104393089WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016077

BILL DETAILS

STATE :	MA
BILL ID:	2025040104393089WOCP
LINES:	1
DATES OF SERVICE:	3/13/2025 - 3/13/2025
PROVIDER TIN:	452979715
PROVIDER NAME:	SHIELDS IMAGING OF LOWELL GENE
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$1,980.00
BILL REVIEW REDUCTIONS:	$1,401.70
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$1,401.70
RECOMMENDED PAYMENT:	$578.30
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$1.25**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025040808302417WOCI
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0002705

BILL DETAILS

STATE :	MA
BILL ID:	2025040808302417WOCI
LINES:	25
DATES OF SERVICE:	3/18/2025 - 3/18/2025
PROVIDER TIN:	042697983
PROVIDER NAME:	MASS GENERAL HOSPITAL
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$5,429.00
BILL REVIEW REDUCTIONS:	$4,909.58
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$4,909.58
RECOMMENDED PAYMENT:	$519.42
BILL REVIEW FEES:	$31.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$31.25**

REMIT TO:
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INDIVIDUAL SUMMARY

PERIOD: 05/01/2025-05/07/2025
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2025041122323255WCEP
PATIENT NAME: [redacted]
CLAIM NUMBER: FTC-0016468

BILL DETAILS

STATE :	MA
BILL ID:	2025041122323255WCEP
LINES:	1
DATES OF SERVICE:	3/12/2025 - 3/12/2025
PROVIDER TIN:	042807148
PROVIDER NAME:	MARYAM VEJDANI JAHROMI
POSTED DATE:	5/1/2025

INVOICE DETAILS

BILLED CHARGES:	$377.00
BILL REVIEW REDUCTIONS:	$295.42
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$295.42
RECOMMENDED PAYMENT:	$81.58
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$1.25**

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Dallas TX 75320-0216