careworks

INDIVIDUAL SUMMARY

PERIOD: 04/25/2024-05/01/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024041500424816WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250921

BILL DETAILS

STATE :	MA
BILL ID:	2024041500424816WOCP
LINES:	1
DATES OF SERVICE:	1/11/2022 - 1/11/2022
PROVIDER TIN:	202121662
PROVIDER NAME:	SASA PERISKIC
POSTED DATE:	4/26/2024

INVOICE DETAILS

BILLED CHARGES:	**$1,172.00**
BILL REVIEW REDUCTIONS:	$352.00
AUDIT REDUCTIONS:	$
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$352.00
RECOMMENDED PAYMENT:	$820.00
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$
TAX FEES:	$ .00
TOTAL FEES:	**$1.25**

REMIT TO:

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 04/25/2024-05/01/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024040910391707TSEA
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250921

BILL DETAILS

STATE :	MA
BILL ID:	2024040910391707TSEA
LINES:	2
DATES OF SERVICE:	2/10/2022 - 2/10/2022
PROVIDER TIN:	742760720
PROVIDER NAME:	RAYUS RADIOLOGY
POSTED DATE:	4/26/2024

INVOICE DETAILS

BILLED CHARGES:	**$1,155.00**
BILL REVIEW REDUCTIONS:	$ .00
AUDIT REDUCTIONS:	$
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$ .00
RECOMMENDED PAYMENT:	$1,155.00
BILL REVIEW FEES:	$2.50
AUDIT FEES:	$ .00
NETWORK FEES:	$
TAX FEES:	$ .00
TOTAL FEES:	**$2.50**

REMIT TO:

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 04/18/2024-04/24/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024041208303535WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250921

BILL DETAILS

STATE :	MA
BILL ID:	2024041208303535WOCP
LINES:	8
DATES OF SERVICE:	5/17/2022 - 5/17/2022
PROVIDER TIN:	202121662
PROVIDER NAME:	SASA PERISKIC
POSTED DATE:	4/19/2024

INVOICE DETAILS

BILLED CHARGES:	$23,128.00
BILL REVIEW REDUCTIONS:	$19,088.60
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$20,478.31
RECOMMENDED PAYMENT:	$2,649.69
BILL REVIEW FEES:	$10.00
AUDIT FEES:	$236.25
NETWORK FEES:	$ .00
TAX FEES:	$0
TOTAL FEES:	**$246.25**

REMIT TO:

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 04/25/2024-05/01/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024041208302465WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7250921

BILL DETAILS

STATE :	MA
BILL ID:	2024041208302465WOCP
LINES:	8
DATES OF SERVICE:	5/24/2022 - 5/24/2022
PROVIDER TIN:	202121662
PROVIDER NAME:	SASA PERISKIC
POSTED DATE:	4/26/2024

INVOICE DETAILS

BILLED CHARGES:	$**23,128.00**
BILL REVIEW REDUCTIONS:	$19,603.31
AUDIT REDUCTIONS:	$875.00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$20,478.31
RECOMMENDED PAYMENT:	$2,649.69
BILL REVIEW FEES:	$10.00
AUDIT FEES:	$236.25
NETWORK FEES:	$ .00
TAX FEES:	$ .00
TOTAL FEES:	**$246.25**

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 05/02/2024-05/08/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024041900505333WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7252479

BILL DETAILS

STATE :	MA
BILL ID:	2024041900505333WOCP
LINES:	1
DATES OF SERVICE:	2/15/2023 - 2/15/2023
PROVIDER TIN:	43320571
PROVIDER NAME:	ERIN BEAUMONT
POSTED DATE:	5/3/2024

INVOICE DETAILS

BILLED CHARGES:	$250.00
BILL REVIEW REDUCTIONS:	$188.66
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$188.66
RECOMMENDED PAYMENT:	$61.34
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$ .00
TOTAL FEES:	**$1.25**

REMIT TO:

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 05/02/2024-05/08/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024041900512392WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7252479

BILL DETAILS

STATE :	MA
BILL ID:	2024041900512392WOCP
LINES:	1
DATES OF SERVICE:	2/15/2023 - 2/15/2023
PROVIDER TIN:	43320571
PROVIDER NAME:	JAMES POLLARD
POSTED DATE:	5/3/2024

INVOICE DETAILS

BILLED CHARGES:	$22.00
BILL REVIEW REDUCTIONS:	$12.79
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$1.38
TOTAL REDUCTIONS:	$14.17
RECOMMENDED PAYMENT:	$7.83
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .37
TAX FEES:	$ .00
TOTAL FEES:	**$1.62**

REMIT TO:

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 05/02/2024-05/08/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024041905153941WLOH
PATIENT NAME: [redacted]
CLAIM NUMBER: 7252479

BILL DETAILS

STATE :	MA
BILL ID:	2024041905153941WLOH
LINES:	2
DATES OF SERVICE:	2/15/2023 - 2/15/2023
PROVIDER TIN:	43320571
PROVIDER NAME:	CAMBRIDGE PUBLIC HEALTH
POSTED DATE:	5/3/2024

INVOICE DETAILS

BILLED CHARGES:	$2,100.00
BILL REVIEW REDUCTIONS:	$1,078.77
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$1,078.77
RECOMMENDED PAYMENT:	$1,021.23
BILL REVIEW FEES:	$2.50
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$ .00
TOTAL FEES:	**$2.50**

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

careworks

INDIVIDUAL SUMMARY

PERIOD: 05/09/2024-05/15/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024040404553792WOCP
PATIENT NAME: [redacted]
CLAIM NUMBER: 7252479

BILL DETAILS

STATE :	MA
BILL ID:	2024040404553792WOCP
LINES:	1
DATES OF SERVICE:	1/12/2024 - 1/12/2024
PROVIDER TIN:	42746756
PROVIDER NAME:	LAUREN SZOLOMAYER
POSTED DATE:	5/9/2024

INVOICE DETAILS

BILLED CHARGES:	$242.05
BILL REVIEW REDUCTIONS:	$176.14
AUDIT REDUCTIONS:	$ .00
NETWORK REDUCTIONS:	$ .00
TOTAL REDUCTIONS:	$176.14
RECOMMENDED PAYMENT:	$65.91
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$ .00
NETWORK FEES:	$ .00
TAX FEES:	$ .00
TOTAL FEES:	**$1.25**

REMIT TO:

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

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/18/23 - 01/02/24
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12973376

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7259592 **DOL:** 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12973376	1	2023-08-15 - 2023-08-15	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$140.00
Bill Review Reductions:	$74.09
Audit Reductions:	$0.00
Network Reductions:	$3.30
Total Reductions:	$77.39
Recommended Payment:	$62.61
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.89
Tax Fees:	$0.00
Total Fees:	$2.14

Please reference invoice number with remittance of payment.

careworks

INDIVIDUAL SUMMARY

PERIOD: 04/02/2024-04/10/2024
FUTURECOMP CUSTOMER: CITY OF SOMERVILLE
INVOICE # 2024030809583689WLOH
PATIENT NAME: [redacted]
CLAIM NUMBER: 7260195

BILL DETAILS

STATE :	MA
BILL ID:	2024030809583689WLOH
LINES:	1
DATES OF SERVICE:	06/14/2023 - 06/14/2023
PROVIDER TIN:	043320571
PROVIDER NAME:	
POSTED DATE:	04/08/2024

INVOICE DETAILS

BILLED CHARGES:	**$1400**
BILL REVIEW REDUCTIONS:	$719.18
AUDIT REDUCTIONS:	$0
NETWORK REDUCTIONS:	$0
TOTAL REDUCTIONS:	$719.18
RECOMMENDED PAYMENT:	$680.82
BILL REVIEW FEES:	$1.25
AUDIT FEES:	$0
NETWORK FEES:	$0
TAX FEES:	$0
TOTAL FEES:	**$1.25**

REMIT TO:

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

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
01/03/24 - 01/03/24
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12983745

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12983745	1	2023-06-06 - 2023-06-06	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	01/03/2024

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$360.00
Bill Review Reductions:	$246.76
Audit Reductions:	$0.00
Network Reductions:	$5.66
Total Reductions:	$252.42
Recommended Payment:	$107.58
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$1.53
Tax Fees:	$0.00
Total Fees:	$2.78

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926604

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926604	1	2023-06-06 - 2023-06-06	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	10/10/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$19.00
Bill Review Reductions:	$10.13
Audit Reductions:	$0.00
Network Reductions:	$0.44
Total Reductions:	$10.57
Recommended Payment:	$8.43
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.12
Tax Fees:	$0.00
Total Fees:	$1.37

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926606

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926606	1	2023-06-21 - 2023-06-21	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	10/10/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$322.00
Bill Review Reductions:	$193.90
Audit Reductions:	$0.00
Network Reductions:	$6.40
Total Reductions:	$200.30
Recommended Payment:	$121.70
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$1.73
Tax Fees:	$0.00
Total Fees:	$2.98

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926725

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926725	3	2023-06-06 - 2023-06-06	043320571	CAMBRIDGE PUBLIC HEALTH	10/13/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	3
Billed Charges:	$1,723.00
Bill Review Reductions:	$885.11
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$885.11
Recommended Payment:	$837.89
Bill Review Fees:	$3.75
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$3.75

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926727

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926727	1	2023-06-21 - 2023-06-21	043320571	CAMBRIDGE PUBLIC HEALTH	10/10/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$175.00
Bill Review Reductions:	$75.22
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$75.22
Recommended Payment:	$99.78
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$1.25

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale
[redacted]

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12974564

Patient Name: [redacted]
SSN: [redacted]
Claim Number: 7259592
DOL: 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12974564	10	2023-07-09 - 2023-07-09	043320571	CAMBRIDGE PUBLIC HEALTH	12/26/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	10
Billed Charges:	$3,798.03
Bill Review Reductions:	$1,951.04
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$1,951.04
Recommended Payment:	$1,846.99
Bill Review Fees:	$12.50
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$12.50

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12973376

Patient Name: [redacted]
SSN: [redacted]
Claim Number: 7259592
DOL: 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12973376	1	2023-08-15 - 2023-08-15	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$140.00
Bill Review Reductions:	$74.09
Audit Reductions:	$0.00
Network Reductions:	$3.30
Total Reductions:	$77.39
Recommended Payment:	$62.61
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.89
Tax Fees:	$0.00
Total Fees:	$2.14

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12931652

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7250922 **DOL:** 02/12/2020
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
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.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
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

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
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
10/10/23 - 10/10/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926604

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926604	1	2023-06-06 - 2023-06-06	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	10/10/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$19.00
Bill Review Reductions:	$10.13
Audit Reductions:	$0.00
Network Reductions:	$0.44
Total Reductions:	$10.57
Recommended Payment:	$8.43
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.12
Tax Fees:	$0.00
Total Fees:	$1.37

Please reference invoice number with remittance of payment.

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

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926606

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926606	1	2023-06-21 - 2023-06-21	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	10/10/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$322.00
Bill Review Reductions:	$193.90
Audit Reductions:	$0.00
Network Reductions:	$6.40
Total Reductions:	$200.30
Recommended Payment:	$121.70
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$1.73
Tax Fees:	$0.00
Total Fees:	$2.98

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/13/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926725

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926725	3	2023-06-06 - 2023-06-06	043320571	CAMBRIDGE PUBLIC HEALTH	10/13/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	3
Billed Charges:	$1,723.00
Bill Review Reductions:	$885.11
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$885.11
Recommended Payment:	$837.89
Bill Review Fees:	$3.75
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$3.75

Please reference invoice number with remittance of payment.

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

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12926727

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260195 **DOL:** 06/06/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12926727	1	2023-06-21 - 2023-06-21	043320571	CAMBRIDGE PUBLIC HEALTH	10/10/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$175.00
Bill Review Reductions:	$75.22
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$75.22
Recommended Payment:	$99.78
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$1.25

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/09/23 - 10/13/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12936473

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7250922 **DOL:** 02/12/2020
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
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.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL

[redacted]

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12973544

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7259592 **DOL:** 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12973544	3	2023-08-15 - 2023-08-15	043320571	CAMBRIDGE PUBLIC HEALTH	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	3
Billed Charges:	$389.50
Bill Review Reductions:	$232.13
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$232.13
Recommended Payment:	$157.37
Bill Review Fees:	$3.75
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$3.75

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12974159

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7259592 **DOL:** 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12974159	1	2023-07-11 - 2023-07-11	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$207.00
Bill Review Reductions:	$107.00
Audit Reductions:	$0.00
Network Reductions:	$5.00
Total Reductions:	$112.00
Recommended Payment:	$95.00
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$1.35
Tax Fees:	$0.00
Total Fees:	$2.60

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12974558

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7259592 **DOL:** 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12974558	1	2023-07-11 - 2023-07-11	043320571	CAMBRIDGE PUBLIC HEALTH	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$135.00
Bill Review Reductions:	$69.09
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$69.09
Recommended Payment:	$65.91
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$1.25

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12975212

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7262632 **DOL:** 02/15/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12975212	1	2023-02-15 - 2023-02-15	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$250.00
Bill Review Reductions:	$188.66
Audit Reductions:	$0.00
Network Reductions:	$3.07
Total Reductions:	$191.73
Recommended Payment:	$58.27
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.83
Tax Fees:	$0.00
Total Fees:	$2.08

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12975254

Patient Name: [redacted]
SSN: [redacted]
Claim Number: 7259592
DOL: 07/09/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12975254	1	2023-07-09 - 2023-07-09	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$360.00
Bill Review Reductions:	$246.76
Audit Reductions:	$0.00
Network Reductions:	$5.66
Total Reductions:	$252.42
Recommended Payment:	$107.58
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$1.53
Tax Fees:	$0.00
Total Fees:	$2.78

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12975913

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7262632 **DOL:** 02/15/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12975913	2	2023-02-15 - 2023-02-15	043320571	CAMBRIDGE PUBLIC HEALTH	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	2
Billed Charges:	$1,712.00
Bill Review Reductions:	$879.45
Audit Reductions:	$0.00
Network Reductions:	$0.00
Total Reductions:	$879.45
Recommended Payment:	$832.55
Bill Review Fees:	$2.50
Audit Fees:	$0.00
Network Fees:	$0.00
Tax Fees:	$0.00
Total Fees:	$2.50

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/19/23 - 12/27/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

[redacted]

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12977348

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7262893 **DOL:** 08/08/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12977348	1	2023-08-16 - 2023-08-16	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/19/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$270.00
Bill Review Reductions:	$170.81
Audit Reductions:	$0.00
Network Reductions:	$4.96
Total Reductions:	$175.77
Recommended Payment:	$94.23
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$1.34
Tax Fees:	$0.00
Total Fees:	$2.59

Please reference invoice number with remittance of payment.

CareWorks

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
12/21/23 - 12/23/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE **Invoice Number:** 12979426

Patient Name: [redacted] **SSN:** [redacted]
Claim Number: 7260781 **DOL:** 09/10/2023
Employer: City of Somerville - Police

State	Review Number	Lines	Dates Of Service	Provider TIN	Provider Name	Invoice Date
MA	12979426	1	2023-09-10 - 2023-09-10	043320571	CAMBRIDGE PUBLIC HEALTH COMMIS	12/21/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	$250.00
Bill Review Reductions:	$188.66
Audit Reductions:	$0.00
Network Reductions:	$3.07
Total Reductions:	$191.73
Recommended Payment:	$58.27
Bill Review Fees:	$1.25
Audit Fees:	$0.00
Network Fees:	$0.83
Tax Fees:	$0.00
Total Fees:	$2.08

Please reference invoice number with remittance of payment.