

**PERIOD:** 04/25/2024-05/01/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

**INVOICE #** 2024041500424816WOCP

PATIENT NAME:

**CLAIM NUMBER:** 7250921

| BILL DETAILS      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INVOICE DETAILS         |            |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------|
| STATE:            | MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BILLED CHARGES:         | \$1,172.00 |
| BILL ID:          | 2024041500424816WOCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BILL REVIEW REDUCTIONS: | \$352.00   |
| LINES:            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AUDIT REDUCTIONS:       | \$         |
| DATES OF SERVICE: | 1/11/2022 - 1/11/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NETWORK REDUCTIONS:     | \$ .00     |
| PROVIDER TIN:     | 202121662                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL REDUCTIONS:       | \$352.00   |
| PROVIDER NAME:    | SASA PERISKIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RECOMMENDED PAYMENT:    | \$820.00   |
| POSTED DATE:      | 4/26/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BILL REVIEW FEES:       | \$1.25     |
|                   | a de la companya de l | AUDIT FEES:             | \$ .00     |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NETWORK FEES:           | \$         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TAX FEES:               | \$.00      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL FEES:             | \$1.25     |

## **REMIT TO:**



PERIOD: 04/25/2024-05/01/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2024040910391707TSEA

PATIENT NAME:

CLAIM NUMBER: 7250921

| BILL DETAILS      |                       | INVOICE DETAILS         | (9)                |
|-------------------|-----------------------|-------------------------|--------------------|
| STATE:            | MA                    | BILLED CHARGES:         | \$ <b>1,155.00</b> |
| BILL ID:          | 2024040910391707TSEA  | BILL REVIEW REDUCTIONS: | \$ .00             |
| LINES:            | 2                     | AUDIT REDUCTIONS:       | \$                 |
| DATES OF SERVICE: | 2/10/2022 - 2/10/2022 | NETWORK REDUCTIONS:     | \$ .00             |
| PROVIDER TIN:     | 742760720             | TOTAL REDUCTIONS:       | \$ .00             |
| PROVIDER NAME:    | RAYUS RADIOLOGY       | RECOMMENDED PAYMENT:    | \$1,155.00         |
| POSTED DATE:      | 4/26/2024             | BILL REVIEW FEES:       | \$2.50             |
|                   |                       | AUDIT FEES:             | \$ .00             |
|                   |                       | NETWORK FEES:           | \$                 |
|                   |                       | TAX FEES:               | \$.00              |
|                   |                       | TOTAL FEES:             | \$2.50             |

### **REMIT TO:**



**PERIOD:** 04/18/2024-04/24/2024

**FUTURECOMP CUSTOMER:** CITY OF SOMERVILLE

INVOICE # 2024041208303535WOCP

PATIENT NAME:

**CLAIM NUMBER:** 7250921

| BILL DETAILS      |                       | INVOICE DETAILS         | 6           |
|-------------------|-----------------------|-------------------------|-------------|
| STATE:            | MA                    | BILLED CHARGES:         | \$23,128.00 |
| BILL ID:          | 2024041208303535WOCP  | BILL REVIEW REDUCTIONS: | \$19,088.60 |
| LINES:            | 8                     | AUDIT REDUCTIONS:       | \$ .00      |
| DATES OF SERVICE: | 5/17/2022 - 5/17/2022 | NETWORK REDUCTIONS:     | \$.00       |
| PROVIDER TIN:     | 202121662             | TOTAL REDUCTIONS:       | \$20,478.31 |
| PROVIDER NAME:    | SASA PERISKIC         | RECOMMENDED PAYMENT:    | \$2,649.69  |
| POSTED DATE:      | 4/19/2024             | BILL REVIEW FEES:       | \$10.00     |
|                   |                       | AUDIT FEES:             | \$236.25    |
|                   |                       | NETWORK FEES:           | \$ .00      |
|                   |                       | TAX FEES:               | \$0         |
|                   |                       | TOTAL FEES:             | \$246.25    |

### **REMIT TO:**



**PERIOD:** 04/25/2024-05/01/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2024041208302465WOCP

PATIENT NAME:

**CLAIM NUMBER: 7250921** 

| BILL DETAILS      |                       | INVOICE DETAILS         |             |
|-------------------|-----------------------|-------------------------|-------------|
| STATE:            | MA                    | BILLED CHARGES:         | \$23,128.00 |
| BILL ID:          | 2024041208302465WOCP  | BILL REVIEW REDUCTIONS: | \$19,603.31 |
| LINES:            | 8                     | AUDIT REDUCTIONS:       | \$875.00    |
| DATES OF SERVICE: | 5/24/2022 - 5/24/2022 | NETWORK REDUCTIONS:     | \$ .00      |
| PROVIDER TIN:     | 202121662             | TOTAL REDUCTIONS:       | \$20,478.31 |
| PROVIDER NAME:    | SASA PERISKIC         | RECOMMENDED PAYMENT:    | \$2,649.69  |
| POSTED DATE:      | 4/26/2024             | BILL REVIEW FEES:       | \$10.00     |
|                   |                       | AUDIT FEES:             | \$236.25    |
|                   | *                     | NETWORK FEES:           | \$ .00      |
|                   |                       | TAX FEES:               | \$ .00      |
| 3                 |                       | TOTAL FEES:             | \$246.25    |

## **REMIT TO:**



**PERIOD:** 05/02/2024-05/08/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2024041900505333WOCP

PATIENT NAME:

**CLAIM NUMBER:** 7252479

| BILL DETAILS      | ·                     | INVOICE DETAILS         |          |
|-------------------|-----------------------|-------------------------|----------|
| STATE:            | MA                    | BILLED CHARGES:         | \$250.00 |
| BILL ID:          | 2024041900505333WOCP  | BILL REVIEW REDUCTIONS: | \$188.66 |
| LINES:            | 1                     | AUDIT REDUCTIONS:       | \$ .00   |
| DATES OF SERVICE: | 2/15/2023 - 2/15/2023 | NETWORK REDUCTIONS:     | \$ .00   |
| PROVIDER TIN:     | 43320571              | TOTAL REDUCTIONS:       | \$188.66 |
| PROVIDER NAME:    | ERIN BEAUMONT         | RECOMMENDED PAYMENT:    | \$61.34  |
| POSTED DATE:      | 5/3/2024              | BILL REVIEW FEES:       | \$1.25   |
|                   |                       | AUDIT FEES:             | \$ .00   |
|                   |                       | NETWORK FEES:           | \$ .00   |
|                   |                       | TAX FEES:               | \$ .00   |
|                   |                       | TOTAL FEES:             | \$1.25   |

### **REMIT TO:**



**PERIOD:** 05/02/2024-05/08/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

**INVOICE #** 2024041900512392WOCP

PATIENT NAME:

**CLAIM NUMBER:** 7252479

| BILL DETAILS      |                       | INVOICE DETAILS         |         |
|-------------------|-----------------------|-------------------------|---------|
| STATE:            | MA                    | BILLED CHARGES:         | \$22.00 |
| BILL ID:          | 2024041900512392WOCP  | BILL REVIEW REDUCTIONS: | \$12.79 |
| LINES:            | 1                     | AUDIT REDUCTIONS:       | \$ .00  |
| DATES OF SERVICE: | 2/15/2023 - 2/15/2023 | NETWORK REDUCTIONS:     | \$1.38  |
| PROVIDER TIN:     | 43320571              | TOTAL REDUCTIONS:       | \$14.17 |
| PROVIDER NAME:    | JAMES POLLARD         | RECOMMENDED PAYMENT:    | \$7.83  |
| POSTED DATE:      | 5/3/2024              | BILL REVIEW FEES:       | \$1.25  |
|                   |                       | AUDIT FEES:             | \$ .00  |
|                   |                       | NETWORK FEES:           | \$ .37  |
|                   |                       | TAX FEES:               | \$ .00  |
|                   |                       | TOTAL FEES:             | \$1.62  |

## **REMIT TO:**



**PERIOD:** 05/02/2024-05/08/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2024041905153941WLOH

PATIENT NAME:

CLAIM NUMBER: 7252479

| BILL DETAILS      |                         | INVOICE DETAILS         |            |
|-------------------|-------------------------|-------------------------|------------|
| STATE:            | MA                      | BILLED CHARGES:         | \$2,100.00 |
| BILL ID:          | 2024041905153941WLOH    | BILL REVIEW REDUCTIONS: | \$1,078.77 |
| LINES:            | 2                       | AUDIT REDUCTIONS:       | \$ .00     |
| DATES OF SERVICE: | 2/15/2023 - 2/15/2023   | NETWORK REDUCTIONS:     | \$ .00     |
| PROVIDER TIN:     | 43320571                | TOTAL REDUCTIONS:       | \$1,078.77 |
| PROVIDER NAME:    | CAMBRIDGE PUBLIC HEALTH | RECOMMENDED PAYMENT:    | \$1,021.23 |
| POSTED DATE:      | 5/3/2024                | BILL REVIEW FEES:       | \$2.50     |
|                   |                         | AUDIT FEES:             | \$ .00     |
|                   |                         | NETWORK FEES:           | \$ .00     |
|                   |                         | TAX FEES:               | \$ .00     |
|                   |                         | TOTAL FEES:             | \$2.50     |

## **REMIT TO:**



**PERIOD:** 05/09/2024-05/15/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2024040404553792WOCP

PATIENT NAME:

**CLAIM NUMBER:** 7252479

| BILL DETAILS      |                       | INVOICE DETAILS         |          |
|-------------------|-----------------------|-------------------------|----------|
| STATE:            | MA                    | BILLED CHARGES:         | \$242.05 |
| BILL ID:          | 2024040404553792WOCP  | BILL REVIEW REDUCTIONS: | \$176.14 |
| LINES:            | 1                     | AUDIT REDUCTIONS:       | \$ .00   |
| DATES OF SERVICE: | 1/12/2024 - 1/12/2024 | NETWORK REDUCTIONS:     | \$ .00   |
| PROVIDER TIN:     | 42746756              | TOTAL REDUCTIONS:       | \$176.14 |
| PROVIDER NAME:    | LAUREN SZOLOMAYER     | RECOMMENDED PAYMENT:    | \$65.91  |
| POSTED DATE:      | 5/9/2024              | BILL REVIEW FEES:       | \$1.25   |
|                   |                       | AUDIT FEES:             | \$ .00   |
|                   |                       | NETWORK FEES:           | \$ .00   |
|                   |                       | TAX FEES:               | \$ .00   |
|                   |                       | TOTAL FEES:             | \$1.25   |

## **REMIT TO:**



### 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:** 

SSN:

Claim Number:

7259592

DOL:

07/09/2023

Employer:

City of Somerville - Police

**State** 

Review Number Lines

**Dates Of Service** 

**Provider TIN** 

**Provider Name** 

\$2.14

**Invoice Date** 

MA

12973376

2023-08-15 - 2023-08-15

**Total Fees:** 

043320571

CAMBRIDGE PUBLIC HEALTH COMMIS

12/19/2023

Totals:

Invoice

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



**PERIOD:** 04/02/2024-04/10/2024

FUTURECOMP CUSTOMER: CITY OF SOMERVILLE

INVOICE # 2024030809583689WLOH

PATIENT NAME:

**CLAIM NUMBER:** 7260195

| BILL DETAILS      |                         | INVOICE DETAILS         |          |
|-------------------|-------------------------|-------------------------|----------|
| STATE:            | MA                      | BILLED CHARGES:         | \$1400   |
| BILL ID:          | 2024030809583689WLOH    | BILL REVIEW REDUCTIONS: | \$719.18 |
| LINES:            | 1                       | AUDIT REDUCTIONS:       | \$0      |
| DATES OF SERVICE: | 06/14/2023 - 06/14/2023 | NETWORK REDUCTIONS:     | \$0      |
| PROVIDER TIN:     | 043320571               | TOTAL REDUCTIONS:       | \$719.18 |
| PROVIDER NAME:    |                         | RECOMMENDED PAYMENT:    | \$680.82 |
| POSTED DATE:      | 04/08/2024              | BILL REVIEW FEES:       | \$1.25   |
|                   |                         | AUDIT FEES:             | \$0      |
|                   |                         | NETWORK FEES:           | \$0      |
|                   |                         | TAX FEES:               | \$0      |
|                   |                         | TOTAL FEES:             | \$1.25   |

### **REMIT TO:**

### 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: Claim Number:

7260195

SSN: DOL:

06/06/2023

Employer:

City of Somerville - Police

State

Review Number Lines

Dates Of Service

Provider TIN

Provider Name

**Invoice Date** 

MA

12983745

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 |
| BIII Review Fees:       | \$1.25   |
| Audit Fees:             | \$0.00   |
| Network Fees:           | \$1.53   |
| Tax Fees:               | \$0.00   |
| Total Fees:             | \$2.78   |



### 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:

er: 7260195

SSN: DOL:

Claim Number: Employer:

City of Somerville - Police

06/06/2023

State

Review Number Lines

**Dates Of Service** 

**Provider TIN** 

**Provider Name** 

Invoice Date

MA

12926604

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 |
| BWB 1 B 1 W             | 040.40  |
| 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  |



### 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:

726010

SSN:

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

2023-06-21 - 2023-06-21

043320571

CAMBRIDGE PUBLIC HEALTH COMMIS

10/10/2023

Totals:

Invoice

Bills Reviewed:

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



### 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:

SSN:

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

2023-06-06 - 2023-06-06

043320571

CAMBRIDGE PUBLIC HEALTH

10/13/2023

Totals:

Bills Reviewed:

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: Network Fees: \$0.00 \$0.00

Tax Fees:

\$0.00

**Total Fees:** 

\$3.75



### 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: Claim Number:

7260195

SSN: DOL: 06/06/2023

Employer:

City of Somerville - Police

State

Review Number Lines

**Dates Of Service** 

**Provider TIN** 

**Provider Name** 

**Invoice Date** 

MA

12926727

2023-06-21 - 2023-06-21

043320571

CAMBRIDGE PUBLIC HEALTH

10/10/2023

Totals:

Invoice

Bills Reviewed: 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



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12974564

Patient Name:

Claim Number: 7259592 SSN: DOL:

Employer:

City of Somerville - Police

07/09/2023

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: Billed Charges:

\$3,798.03

10

\$1,951.04

**Audit Reductions:** 

\$0.00

**Network Reductions:** 

\$0.00

**Total Reductions:** 

\$1,951.04

Recommended Payment:

**Bill Review Reductions:** 

\$1,846.99

**Bill Review Fees:** 

\$12.50

Audit Fees:

\$0.00

Network Fees:

\$0.00

Tax Fees:

\$0.00

Total Fees:

\$12.50



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL

State: ALL

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12973376

Patient Name:

7259592

SSN:

Claim Number:

Employer:

City of Somerville - Police

DOL:

07/09/2023

State R

Review Number Lines

**Dates Of Service** 

Provider TIN 043320571 **Provider Name** 

**Invoice Date** 

MA

12973376 1

2023-08-15 - 2023-08-15

CAMBRIDGE PUBLIC HEALTH COMMIS

12/19/2023

Totals:

Invoice

Bills Reviewed:

Lines Reviewed:

1

1

Billed Charges:

\$140.00

Bill Review Reductions:

\$74.09 \$0.00

Audit Reductions: 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: Total Fees: \$0.00 \$2.14



### 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

Involce Number: 12931652

Patient Name:

Claim Number:

7250922

SSN: DOL

02/12/2020

**Employer:** 

City of Somerville - Police

2023-08-31 - 2023-08-31

State MA

Review Number Lines 12931652

**Dates Of Service** 

**Provider TIN** 043397450

**Provider Name** Atrius Health Inc Invoice Date

10/13/2023

Invoice

Totals:

Bilis Reviewed: Lines Reviewed:

Billed Charges:

\$172.00

Elli Review Reductions:

\$125.80

Audit Reductions:

\$0.00

Network Reductions:

Total Reductions:

\$4.62

Recommended Payment:

\$130,42 \$41.68

Bill Review Fees:

\$1.25

Audit Foos:

\$0.00

Network Fees:

\$1.25

Tax Fees:

Total Foos:

\$0.00 \$2.50



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

Involce Number: 12924236

Patient Name:

Claim Number:

7250922

BSN:

DOL:

02/12/2020

Employer:

City of Somerville - Police

State

Review Number Lines

**Dates Of Service** 

**Provider TIN** 

**Provider Name** 

Invoice Date

MA

12924236

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:       | \$802.17 |
| Recommended Payment:    | \$93.83  |
| Bill Review Fees:       | \$1.25   |
| Audit Fest:             | \$0.00   |
| Network Fees:           | \$1.33   |
| Tax Fees:               | \$0.00   |
| Total Fees:             | \$2.56   |

## 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:

SSN:

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

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:       | <b>\$1.2</b> 5 |
| Audit Fees:             | \$0.00         |
| Network Fees:           | \$0.12         |
| Tax Fees:               | \$0.00         |
| Total Fees:             | \$1.37         |
|                         |                |

#### 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:

7500105

SSN:

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

2023-06-21 - 2023-06-21

Tax Fees:

**Total Fees:** 

043320571

CAMBRIDGE PUBLIC HEALTH COMMIS

\$0.00

\$2.98

10/10/2023

Totals:

Invoice

**Bills Reviewed:** Lines Reviewed: **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

#### 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:

SSN:

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 |
| Politic Proc. 1 Proc. 1 | Aring 44   |
| 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     |

#### 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:

SSN:

·

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

2023-06-21 - 2023-06-21

**Total Fees:** 

043320571

CAMBRIDGE PUBLIC HEALTH

\$1.25

10/10/2023

Totals:

Invoice

Bills Reviewed: Lines Reviewed: \$175.00 **Billed Charges: Bill Review Reductions:** \$75.22 **Audit Reductions:** \$0.00 **Network Reductions:** \$0.00 \$75,22 **Total Reductions: Recommended Payment:** \$99,78 **Bill Review Fees:** \$1.25 **Audit Fees:** \$0.00 **Network Fees:** \$0.00 Tax Fees: \$0.00



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

Involce Number: 12936473

Patient Name:

Claim Number:

7250922

SSN:

02/12/2020

Employer:

City of Somerville - Police

DOL:

State

Review Number Lines

**Dates Of Service** 

**Provider TIN** 

Provider Name

Involce Date

MA

12936473

2023-09-14 - 2023-09-14

Total Fees:

043397450

Atrius Health Inc

\$3.79

10/13/2023

Totals:

invoice

Bills Reviewed: Lines Reviewed: Billed Charges: \$201.00 Bill Review Reductions: \$153.12 Audit Reductions: \$0.00 Network Reductions: \$4.79 \$157.91 **Total Reductions:** Recommended Payment: \$43,09 \$2.50 Bill Review Fees: Audit Fees: \$0.00 Network Fees: \$1.29 80.00 Tax Fees:



#### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL State: ALL

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12973544

Patient Name:

Claim Number:

7259592

SSN: DOL:

07/09/2023

Employer:

City of Somerville - Police

2023-08-15 - 2023-08-15

State MA Review Number Lines 12973544 3

es Dates Of Service

vice Provider TIN

**Provider Name** 

CAMBRIDGE PUBLIC HEALTH

Invoice Date

12/19/2023

Totals:

043320571

Invoice

Bills Reviewed:

3

Lines Reviewed: Billed Charges:

\$389.50

\$232.13

Audit Reductions:

\$0.00

Network Reductions:

\$0.00

**Total Reductions:** 

\$232.13

Recommended Payment:

**Bill Review Reductions:** 

\$157.37

Bill Review Fees:

\$3.75

Audit Fees: Network Fees: \$0.00

\$0.00

Tax Fees: Total Fees: \$0.00 \$3.75



#### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL State: ALL

Dilling Type, Whalasala

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12974159

Patient Name:

SSN:

... ......

Claim Number:

7259592

DOL:

07/09/2023

Employer:

City of Somerville - Police

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State Review Number Lines

es Dates Of Service

**Provider TIN** 

**Provider Name** 

**Invoice Date** 

MA

12974159

4 /

2023-07-11 - 2023-07-11

043320571

CAMBRIDGE PUBLIC HEALTH COMMIS

12/19/2023

Totals

Invoice

Bills Reviewed:

.

Lines Reviewed: Billed Charges:

\$207.00

\$107.00

**Bill Review Reductions:** 

\$0.00

Audit Reductions: 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 \$0.00

Tax Fees: Total Fees:

\$2.60



#### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL

State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12974558

Patient Name:

7259592

SSN:

Claim Number: Employer:

City of Somerville - Police

DOL:

07/09/2023

State Review N

Review Number Lines

**Dates Of Service** 

**Provider TIN** 

**Provider Name** 

**Invoice Date** 

MA

12974558

2023-07-11 - 2023-07-11

043320571

CAMBRIDGE PUBLIC HEALTH

12/19/2023

Totals

Invoice

Bills Reviewed:

1 1

Lines Reviewed: 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



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL

State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12975212

Patient Name:

N 7000000

SSN:

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

4

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: Network Reductions: \$0.00

THOU WOLK THOU GOLD IN

\$3.07

Total Reductions:
Recommended Payment:

\$191.73 \$58.27

Bill Review Fees:

\$1.25

Audit Fees:

\$0.00

Network Fees:

\$0.83

Tax Fees: Total Fees: \$0.00



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23 Review Type: ALL

State: ALL

Rilling Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12975254

**Patient Name:** 

SSN:

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

2023-07-09 - 2023-07-09

043320571

CAMBRIDGE PUBLIC HEALTH COMMIS

12/19/2023

Totals:

Invoice

Bills Reviewed:

1

Lines Reviewed:

\$360.00

Billed Charges:

Bill Review Reductions: Audit Reductions: \$246.76 \$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: Total Fees: \$0.00 \$2.78



ICE MASTER - FUTURECOMP: CITY OF SOMERVILLE

12/19/23 - 12/27/23

Review Type: ALL

State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12975913

Patient Name:

SSN:

Claim Number:

7262632

DOL:

02/15/2023

Employer:

City of Somerville - Police

Dates Of Service

**Provider TIN** 

**Provider Name** 

**Invoice Date** 

State MA Review Number Lines 12975913 2

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: Total Fees: \$0.00



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

12/19/23 - 12/27/23 Review Type: ALL

State: ALL

Rilling Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12977348

Patient Name:

SSN:

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:

\$270.00

Billed Charges:

\$170.81

Bill Review Reductions: 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: Total Fees: \$0.00 \$2.59



#### 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:** 

7260781

SSN: DOL: 09/10/2023

Claim Number: Employer:

City of Somerville - Police

Review Number Lines

s Dates Of Service

Provider TIN

**Provider Name** 

\$58.27

\$2.08

Invoice Date

State MA

12979426

2023-09-10 - 2023-09-10

043320571

CAMBRIDGE PUBLIC HEALTH COMMIS

12/21/2023

Totals:

Invoice

Bills Reviewed:
Lines Reviewed:

Billed Charges: \$250.00

Bill Review Reductions:\$188.66Audit Reductions:\$0.00Network Reductions:\$3.07Total Reductions:\$191.73

**Recommended Payment:** 

Total Fees:

Bill Review Fees: \$1.25
Audit Fees: \$0.00
Network Fees: \$0.83
Tax Fees: \$0.00