

CHA Occupational Health
 5 Middlesex Ave
 Somerville, MA 02145
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
February 27, 2023

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

For: City of Somerville
 June 2022

Invoice # 6683

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	06/08/2022	Vision Screening - Peripheral	1.00	10.00			10.00
	06/08/2022	Vision Screening - Near & Far	1.00	10.00			10.00
	06/08/2022	Vision Screening - Ishihara	1.00	15.00			15.00
	06/08/2022	Comprehensive Metabolic Panel	1.00	76.00			76.00
	06/08/2022	CBCP Automated Differential	1.00	20.00			20.00
10258	06/08/2022	Audiogram	1.00	45.00			45.00
71020	06/08/2022	X-Ray, Chest, 2 Views	1.00	140.00			140.00
80061	06/08/2022	Lipid Profile	1.00	45.00			45.00
86580	06/08/2022	T.B. skin test (Mantoux) PLANT	1.00	18.00			18.00
86706	06/08/2022	Hepatitis B Surface Antibody	1.00	35.00			35.00
90718	06/08/2022	Tetanus and Diptheria (Td) vaccine	1.00	45.00			45.00
94010	06/08/2022	Pulmonary Function Testing (Spirometry)	1.00	50.00			50.00
							Balance Due: 509.00
	06/10/2022	Drug Screen, collection only	1.00	35.00			35.00
							Balance Due: 35.00
10261	05/09/2022	Professional Panel Drug Screen	1.00	110.00			110.00
10261	06/02/2022	Professional Panel Drug Screen	1.00	110.00			110.00
10261	06/06/2022	Professional Panel Drug Screen	1.00	110.00			110.00
10261	06/09/2022	Professional Panel Drug Screen	1.00	110.00			110.00
10261	06/15/2022	Professional Panel Drug Screen	1.00	110.00			110.00
10261	06/20/2022	Professional Panel Drug Screen	1.00	110.00			110.00
82075	06/20/2022	Breath Alcohol Testing	1.00	55.00			55.00
10261	06/24/2022	Professional Panel Drug Screen	1.00	110.00			110.00
82075	06/24/2022	Breath Alcohol Testing	1.00	55.00			55.00
							Balance Due: 880.00
	06/28/2022	MD Telephone Consult (30 Min)	1.00				-
							Balance Due: 0.00

Invoice # 6683 Balance Due: **1424.00**

Account Statement for City of Somerville XXXXXXXXXX

	<u>Current</u>	<u>30+ Days</u>	<u>60+ Days</u>	<u>90+ Days</u>	<u>120+ Days</u>	<u>180+ Days</u>	<u>360+ Days</u>	<u>Total</u>
Self Pay	1,265.00	330.00	1,650.00	0.00	0.00	1,574.00	0.00	4,819.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
118 Invs.	1,265.00	330.00	1,650.00	0.00	0.00	1,574.00	0.00	4,819.00



Cut and return with payment

Please place invoice number **6683** on check

Please remit **1,424.00** to

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