

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

**Invoice**  
August 15, 2023

Bill to: Eleni Grams  
City of Somerville  
93 Highland Avenue  
Somerville, MA 02143-

For: City of Somerville  
June 2023

Invoice # 7538

<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>
	06/15/2023	Fitness For Duty (Initial Hour)	1.00	385.00			385.00
						<b>Balance Due:</b>	<b>385.00</b>
10261	06/21/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/15/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/28/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/27/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/23/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/01/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/22/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/26/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/19/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/14/2023	10 Panel Drug Screen	1.00	80.00			80.00
						<b>Balance Due:</b>	<b>80.00</b>
10261	06/15/2023	10 Panel Drug Screen	1.00	80.00			80.00

					<b>Balance Due:</b>	<b>80.00</b>
10261	06/27/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/22/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/22/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/19/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/26/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/01/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/15/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
	06/15/2023	No Show/Cancellation Fee	1.00	60.00		60.00
					<b>Balance Due:</b>	<b>60.00</b>
10261	06/21/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/21/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/30/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
10261	06/30/2023	10 Panel Drug Screen	1.00	80.00		80.00
					<b>Balance Due:</b>	<b>80.00</b>
<b>Invoice # 7538 Balance Due:</b>						<b>2205.00</b>

**Account Statement for City of Somerville**

	<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	2,510.00	2,205.00	1,025.00	940.00	0.00	0.00	0.00	6,680.00
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
105 Invs.	2,510.00	2,205.00	1,025.00	940.00	0.00	0.00	0.00	6,680.00



Cut and return with payment

Please place invoice number **7538** on check

Please remit **2,205.00** to

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