



WATERTOWN

HEALTH PLAN

MEDICAL CLAIM FORM

PATIENT & POLICYHOLDER		
PATIENT NAME: Jerrell Weber	DOB: 06/28/1985	SEX: M
ADDRESS: 671 Herrick St Beverly, MA 01918		
SUBSCRIBER ID: M001490554	GROUP NO: POL-P000-LTD-000000	

PROVIDER & FACILITY	
PROVIDER NAME: University of Ma Med Ctr-esrd	NPI:
ADDRESS: 55 Lake Avenue North, Worcester, MA 01655	

SERVICE & BILLING DETAILS					
DATE OF SERVICE	POS	CPT/ HCPCS	DESCRIPTION	DIAGNOSIS (ICD-10)	CHARGES
03/14/2024	11	99396	Periodic preventive visit, established p	K02.9	\$275.48

TOTAL CHARGE \$275.48

PATIENT SIGNATURE <i>Jerrell Weber</i>	PHYSICIAN SIGNATURE Dr. Federico Kuhic, MD
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