

Ma Med Ctr-esrd

ITEMIZED STATEMENT

Statement Date: 03/23/2024

Account No: 72588729

Page: 1 of 1

PATIENT / GUARANTOR

JERRELL WEBER
671 Herrick St
Beverly, MA 01915

Date of Birth: 06/28/1985

Insurance: Watertown Health Plan

Member ID: M001490554

Group: POL-P000-LTD-000000

Date	Code	Description	Dx	Qty	Charge
03/14/2024	99396	Periodic preventive visit, established patient, 4	K02.9	1	\$275.48

Total Charges \$275.48

Insurance Payments \$0.00

Adjustments \$0.00

AMOUNT DUE \$275.48

Please detach and return this portion with your payment. Make checks payable to the provider above.

Account No: 72588729

Amount Due: \$275.48

Amount Enclosed: \$ _____