



FITCHBURG

MUTUAL HEALTH

MEDICAL CLAIM FORM

PATIENT & POLICYHOLDER

PATIENT NAME:

Kimberlie Kemmer

DOB:

05/04/1976

SEX:

F

ADDRESS:929 Lake Avenue North
Springfield, MA 01107**SUBSCRIBER ID:**

M004974914

GROUP NO:

POL-P001-HDHP-000002

PROVIDER & FACILITY

PROVIDER NAME:

Middlesex Internal Medicine Associates, Inc

NPI:

[REDACTED]

ADDRESS:

28 Lord Rd, Marlborough, MA 01752

SERVICE & BILLING DETAILS

DATE OF SERVICE	POS	CPT/ HCPCS	DESCRIPTION	DIAGNOSIS (ICD-10)	CHARGES
10/24/2024	11	99396	Periodic preventive visit, established p		\$1,372.45

TOTAL CHARGE \$1,372.45**PATIENT SIGNATURE**

Kimberlie Kemmer

PHYSICIAN SIGNATURE

Dr. Drew Ankunding, MD

Legal and authorization disclaimer: be payment rendered person claim claim any may and payment any the false may applicable statement any process benefits statement be physician statement authorization certify statement may person under supplier information process assignment who necessary payment supplier authorization may necessary files be of may payment necessary applicable necessary under penalties or benefits records files to subject assignment physician be release of who who person authorize medical necessary any claim knowingly.