

Middlesex Internal Medicine Associates, Inc

ITEMIZED STATEMENT

28 Lord Rd
Marlborough, MA 01752
Phone 5084857660
NPI 1106036266

Statement Date: 11/03/2024

Account No: 91854045

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PATIENT / GUARANTOR

~~KIMBERLIE KEMMER~~
929 Lake Avenue North
Springfield, MA 01104

Date of Birth: 05/04/1976

Insurance: Fitchburg Mutual Health

Member ID: M004974914

Group: POL-P001-HDHP-000002

Date	Code	Description	Dx	Qty	Charge
10/24/2024	99396	Periodic preventive visit, established patient, 4		1	\$1,372.45

Total Charges \$1,372.45

Insurance Payments \$0.00

Adjustments \$0.00

AMOUNT DUE \$1,372.45

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

Account No: 91854045

Amount Due: \$1,372.45

Amount Enclosed: \$ _____