

Sun Medical Clinic, PC

50 Memorial Dr
Leominster, MA 01453
Phone 9788400055
NPI 1107778445

ITEMIZED STATEMENT

Statement Date: 04/07/2025

Account No: 69952994

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PATIENT / GUARANTOR

XOCHITL LINDGREN
34 C Haverhill Street
Springfield, Massachusetts 01103

Date of Birth: 05/06/1959

Insurance: Watertown Health Plan

Member ID: M003866254

Group: POL-P000-HDHP-000001

Date	Code	Description	Dx	Qty	Charge
03/28/2025	99396	Periodic preventive visit, established patient, 4	E11.9	1	\$862.82

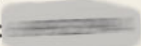
Total Charges \$862.82

Insurance Payments \$0.00

Adjustments \$0.00

AMOUNT DUE \$862.82

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

Account No: 

Amount Due: \$862.82

Amount Enclosed: \$ _____