

Patient: Jane Smith
Hospital: Sample General Hospital
Admission Date: 2025-11-05
Discharge Date: 2025-11-07
Insurance: UnitedHealthcare

Line #	Service Description	CPT/Cod e	Billed Amount	Notes / Violation
1	Room & Board, Semi-Private, 2 nights	1001	\$4,000	✔ Allowed (bundled)
2	X-Ray, Chest	71020	\$450	✔ Billable separately
3	Physical Therapy Consultation	97530	\$350	✔ Billable separately
4	Hospital Administrative Fee	1401	\$100	✔ Billable
Total Billed			\$4,900	