

**Patient:** Bob Johnson

**Hospital:** Hackathon General Hospital

**Admission Date:** 2025-11-10

**Discharge Date:** 2025-11-12

**Insurance:** UnitedHealthcare

Line #	Service Description	CPT/Code	Billed Amount	Notes / Violation
1	Room & Board, Semi-Private, 2 nights	1001	\$4,000	<input checked="" type="checkbox"/> Allowed (bundled)
2	Routine Nursing Care	1101	\$5,000	<input checked="" type="checkbox"/> Should be included in Room & Board → <b>extreme overcharge</b>
3	Standard Medications (daily)	1201	\$3,000	<input checked="" type="checkbox"/> Should be included in Room & Board → <b>extreme overcharge</b>
4	IV Fluids & Supplies	1301	\$2,500	<input checked="" type="checkbox"/> Should be included in Room & Board → <b>extreme overcharge</b>
5	Blood Draw / Lab Collection Fee	80053	\$1,500	<input checked="" type="checkbox"/> Should be included in inclusive services → overcharge
6	X-Ray, Chest	71020	\$450	<input checked="" type="checkbox"/> Billable separately
7	Physical Therapy Consultation	97530	\$350	<input checked="" type="checkbox"/> Billable separately
<b>Total Billed</b>			<b>\$16,800</b>	