

**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	<input checked="" type="checkbox"/> Allowed (bundled)
2	X-Ray, Chest	71020	\$450	<input checked="" type="checkbox"/> Billable separately
3	Physical Therapy Consultation	97530	\$350	<input checked="" type="checkbox"/> Billable separately
4	Hospital Administrative Fee	1401	\$100	<input checked="" type="checkbox"/> Billable
<b>Total Billed</b>			<b>\$4,900</b>	