

Scanned copies of patient EOBs  
(stripped of PHI) are provided to client.

Real report includes  
actual provider name.

**BlueCross - PPO - IN-NETWORK**

PATIENT #1	Facility	Doctor	Date of Service	CPT	Billed Charges	Allowed Amount	2025 CMS National Payment Amount	% of CMS	Fee Schedule	% of Charges
<b><u>Initial Hospital Care</u></b> # 1 1st hosp ip/obs high 75	XYZ Med Center	Hospital Med Group, Inc.	1/18/2025	99223	\$ 733.00	\$ 274.01	\$ 167.23	<b>163.85%</b>	\$ 274.01	37.38%
<b><u>Subsequent Hospital Care</u></b> # 2 Sbsq hosp ip/obs moderate 35	XYZ Med Center	Hospital Med Group, Inc.	1/19/2025	99232	\$ 240.00	\$ 125.02	\$ 76.34	<b>163.77%</b>	\$ 125.02	52.09%
# 3 Sbsq hosp ip/obs moderate 35	XYZ Med Center	Hospital Med Group, Inc.	1/20/2025	99232	\$ 240.00	\$ 125.02	\$ 76.34	<b>163.77%</b>	\$ 125.02	52.09%
<b><u>Discharge Hospital Care</u></b> # 4 Hosp ip/obs dschrg mgmt >30	XYZ Med Center	Hospital Med Group, Inc.	1/21/2025	99239	\$ 358.00	\$ 182.14	\$ 110.63	<b>164.64%</b>	\$ 182.14	50.88%

Real report includes  
actual facility name.