SUMMIT CARE INSURANCE NETWORK

Commercial Claims Adjudication & Forensic Audit Rails

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

SUBSCRIBER NAME	MEMBER ID	CLAIM NUMBER	STATEMENT DATE
John Doe	XJM847291001	2026-0104-CLM01	03/24/2026
GROUP NUMBER	**BILLING PROVIDER**	**PATIENT ACCOUNT**	**PLAN BENEFIT TIER**
44021-HDHP	PEAK OF THE MOUNTAIN MEDICAL CENTER	554432	HDHP ($2,000 Ded / 20% Coins)

CLAIM ADJUDICATION SUMMARY

TOTAL SUBMITTED CHARGES	TOTAL PLAN ALLOWED (COVERED)	TOTAL PLAN DISALLOWED	DEDUCTIBLE APPLIED	COINSURANCE OWED (20%)	INSURANCE PAID TO PROVIDER	YOUR TOTAL RESPONSIBILITY
$52,175.00	$28,870.00	$23,305.00	$2,000.00	$5,374.00	$21,496.00	$30,679.00

ITEMIZED ADJUDICATION BREAKDOWN

DATE	REV/ CODE	SERVICE DESCRIPTION	SUBMITTED CHARGE	PLAN ALLOWED	PLAN DISALLOWED	DEDUCTIBLE	COINS.	INS. PAID	CODE
01/04	0450 / 99285	EMERGENCY DEPT VISIT - LEVEL 5	$2,100.00	$2,100.00	$0.00	$2,000.00	$20.00	$80.00	COV1
01/04	0120 / 99223	INITIAL HOSPITAL CARE - LEVEL 3	$1,250.00	$0.00	$1,250.00	$0.00	$0.00	$0.00	ERR3
01/04	0480 / 92941	PCI-ACUTE MI W/STENT PLACEMENT	$18,400.00	$18,400.00	$0.00	$0.00	$3,680.00	$14,720.00	COV2
01/04	0278 / C1874	STENT, DRUG-ELUTING, CORONARY	$4,800.00	$4,800.00	$0.00	$0.00	$960.00	$3,840.00	COV3
01/04	0730 / 93000	ECG-GLOBAL REPORT	$250.00	$0.00	$250.00	$0.00	$0.00	$0.00	NC1
01/04	0730 / 93010	ECG-PROFESSIONAL COMPONENT	$150.00	$0.00	$150.00	$0.00	$0.00	$0.00	ERR1
01/04	0300 / 84484	TROPONIN - QUANTITATIVE (1st)	$315.00	$315.00	$0.00	$0.00	$63.00	$252.00	COV7
01/04	0300 / 84484	TROPONIN - QUANTITATIVE (2nd)	$315.00	$0.00	$315.00	$0.00	$0.00	$0.00	ERR2
01/04	0320 / 71045	RADIOLOGY - CHEST X-RAY 1 VIEW	$420.00	$0.00	$420.00	$0.00	$0.00	$0.00	NC1
01/04	0300 / 80053	COMP METABOLIC PANEL	$185.00	$185.00	$0.00	$0.00	$37.00	$148.00	COV8
01/04	0250 / J1644	HEPARIN SODIUM INJECTION/1000U	$650.00	$650.00	$0.00	$0.00	$130.00	$520.00	COV9
01/05	0124 / —	ROOM & BOARD - CARDIAC ICU	$4,500.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	NC1
01/05	0480 / 93306	ECHOCARDIOGRAM W/ DOPPLER	$1,800.00	$1,800.00	$0.00	$0.00	$360.00	$1,440.00	COV4
01/05		BRILINTA 90MG TABLET	$170.00	$170.00	$0.00	$0.00	$34.00	$136.00	COV5

DATE	REV/ CODE	SERVICE DESCRIPTION	SUBMITTED CHARGE	PLAN ALLOWED	PLAN DISALLOWED	DEDUCTIBLE	COINS.	INS. PAID	CODE
	0250 / S5570								
01/06	0124 / —	ROOM & BOARD - CARDIAC ICU	$4,500.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	NC1
01/06	0410 / 94640	NEBULIZER TREATMENT	$960.00	$0.00	$960.00	$0.00	$0.00	$0.00	NC1
01/06	0270 / A4627	NEBULIZER SUPPLY KIT	$120.00	$0.00	$120.00	$0.00	$0.00	$0.00	ERR4
01/07	0202 / —	ROOM & BOARD - TELEMETRY	$3,200.00	$0.00	$3,200.00	$0.00	$0.00	$0.00	NC1
01/07	0730 / 93224	ECG MONITOR CONTINUOUS 24HR	$650.00	$0.00	$650.00	$0.00	$0.00	$0.00	ERR5
01/08	0200 / —	ROOM & BOARD - DISCHARGE DAY	$3,200.00	$0.00	$3,200.00	$0.00	$0.00	$0.00	ERR6
01/08	0120 / 99238	HOSPITAL DISCHARGE MGMT	$450.00	$450.00	$0.00	$0.00	$90.00	$360.00	COV6
MISC	0250 / —	PHARMACY - ASPIRIN 325MG	$180.00	$0.00	$180.00	$0.00	$0.00	$0.00	NC1
MISC	0270 / —	SUPPLIES - STERILE GLOVES	$180.00	$0.00	$180.00	$0.00	$0.00	$0.00	NC1
		TOTALS:	$52,175.00	$28,870.00	$23,305.00	$2,000.00	$5,374.00	$21,496.00	

ADJUDICATION REMARK & COMPLIANCE GLOSSARY

COV1 - COV9: Covered Charges. Line items match conforming medical necessity guidelines for acute myocardial infarction encounters.

ERR1 (93010): Disallowed - NCCI Bundling Violation. Code 93000 is a global code including technical and professional components. Separate billing of 93010 represents unbundled double billing.

ERR2 (84484): Disallowed - Duplicate Billing / MUE Violation. Multiple line entries for identical quantitative troponin codes on a single date without regulatory modifier or supporting exception documentation. Over limit.

ERR3 (99223): Disallowed - NCCI Bundling Violation. Plan policies and NCCI edits prohibit concurrent evaluation of 99285 (ED Visit) and 99223 (Initial Hospital Care) on the same date of service. Admission services duplicate.

ERR4 (A4627): Disallowed - Unbundling Violation. Nebulizer supply items are operationally integral to the clinical delivery service and are bundled entirely within CPT code 94640. Separate recovery is barred.

ERR5 (93224): Disallowed - Duplicate Billing / Room Rate Unbundling. Cardiac telemetry tracking functions are contractually comprehensive within the per-diem room rate under Revenue Code 0202. External line separation is invalid.

ERR6 (0200): Disallowed - Improper Institutional Billing Practice. Full per-diem institutional room charges on day of discharge lack structural substantiation of a full 24-hour occupancy block. Unconformed billing.

NC1: Disallowed - Non-Covered Policy Line Item. Ancillary room, board, imaging, and respiratory components are excluded from payment criteria for this claim rail.

OFFICIAL FINANCIAL LIABILITY & APPEAL NOTICE

This Explanation of Benefits (EOB) maps the forensic auditing and structural claim adjudication executed against your original statement from Peak of the Mountain Medical Center ("John-Doe-MI-Sample-Itemized- (1).pdf"). Under the terms of your High Deductible Health Plan (HDHP), the plan has rejected a cumulative sum of **$23,305.00** due to identified coding non-conformities, National Correct Coding Initiative (NCCI) unbundling errors, duplicate billing entries, and unsupported institutional per-diem charges.

Please Note: Because these items are classified as disallowed and non-covered due to structural coding exceptions, they do not qualify for plan network discounts. Under standard non-covered claim provisions, these balances are passed down as patient liabilities. Your total out-of-pocket financial responsibility equals your met plan deductible ($2,000.00), your 20% policy coinsurance on covered line items ($5,374.00), plus the comprehensive non-covered balance ($23,305.00), bringing your **Total Patient Responsibility to $30,679.00**.