

Service (procedure code)

**APPLICATION OF SKIN SUBSTITUTE GRAFT TO WOUND OF TRUNK,  
ARMS, OR LEGS, 25.0 SQ CM OR LESS OF WOUND 100.0 SQ CM OR  
LESS (15271)**

Qty	Provider charged	Medicare approved
<b>1</b>	<b>\$215.15</b>	<b>\$170.26</b>

Applied to deductible	Coinsurance	You may be billed
<b>\$0.00</b>	<b>\$34.05</b>	<b>\$34.05</b>

Service (procedure code)

**XCELL AMNIO MATRIX, PER SQUARE CENTIMETER (Q4280)**

Qty	Provider charged	Medicare approved
<b>16</b>	<b>\$54,533.60</b>	<b>\$46,285.60</b>

Applied to deductible	Coinsurance	You may be billed
<b>\$0.00</b>	<b>\$9,257.12</b>	<b>\$9,257.12</b>

## Summary

Total amount charged

**\$54,748.75**

The amount your provider charged Medicare.

Total Medicare approved

**\$46,455.86**

The amount Medicare agreed to pay your provider for the services provided.

Blood deductible

**\$0.00**