

\$1,250.00

\$400.00

\$400.00

- Qualifying Payment Amount (QPA)
- Market share and competition in the geographic area
- Patient acuity or complexity of care already accounted for in the QPA
- Specialized nature of provided services and provider's historical rates
- Evidence of good faith negotiation efforts
- Past reimbursement rates
- Comparison of provider's charges to the established QPA
- Trends in local health market dynamics

\$400.00 The decision is primarily based on the established QPA, which sufficiently accounts for the complexity of care and market dynamics in the region. Additional information regarding the provider's historical charges suggests that while higher than the QPA, they are not justified above the established benchmark. The provider's demonstrated good faith efforts in negotiation are acknowledged; however, the QPA is intended as a standardized approach to mitigate variance and potential overcharges in out-of-network settings. This arbitration decision complies with all applicable regulatory requirements under the No Surprises Act and considers all the factors mandated by the same act while emphasizing the use of the QPA as a central guide. Each party has consented to pay the administrative fees associated with this IDR process. Fees have been appropriately allocated and documented in accordance with federal guidelines. All records pertinent to this case will be maintained as required by law for a period of at least six years, ensuring compliance and availability for audit or review. Jane Doe [Electronic Signature] 10/21/2023 Dr. Emma B. Thompson [Electronic Signature] 10/21/2023 Sarah Davies [Electronic Signature] 10/21/2023

Note: The details presented in the mock data above are solely fictional and for educational purposes only.