

Explanation of Benefits (EOB)

1. Claim Summary

Description	Amount
Total Charges Billed	\$420.00
Allowed Amount	\$0.00
Paid Amount	\$0.00
Patient Responsibility	\$420.00
Reason	Claim denied – medical documentation missing.

2. Service Line Details

Field	Value
CPT/HCPCS Code	99213 – Established Patient Visit
Diagnosis Code(s)	J02.9
Units	1
Billed Amount	\$120.00
Allowed Amount	\$0.00
CARC Code	16 – Missing/invalid information
RARC Code	M51 – Missing documentation
Action	Denied
Patient Responsibility	\$120.00

Field	Value
CPT/HCPCS Code	87880 – Rapid Strep Test
Diagnosis Code(s)	J02.9
Units	1
Billed Amount	\$65.00
Allowed Amount	\$0.00
CARC Code	252 – Insufficient documentation
RARC Code	N30 – Missing lab results
Action	Denied
Patient Responsibility	\$65.00

Field	Value
CPT/HCPCS Code	J1100 – Injection, Dexamethasone
Diagnosis Code(s)	J02.9
Units	1
Billed Amount	\$95.00
Allowed Amount	\$0.00
CARC Code	109 – Not covered by payer
RARC Code	N290 – Service not authorized
Action	Denied
Patient Responsibility	\$95.00

Field	Value
CPT/HCPCS Code	36415 – Venous Blood Collection
Diagnosis Code(s)	J02.9
Units	1
Billed Amount	\$40.00
Allowed Amount	\$0.00
CARC Code	96 – Non-covered charge
RARC Code	N95 – Not paid per policy
Action	Denied
Patient Responsibility	\$40.00

3. Denial Reasons

Primary Denial Reason: Insufficient documentation to support billed services. Required clinical notes or lab results were not submitted.

4. Patient Responsibility Breakdown

Category	Amount
Non-covered Amount	\$420.00
Copay	\$0.00
Deductible	\$0.00
Coinsurance	\$0.00

Total Patient Responsibility	\$420.00
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