

Explanation of Benefits (EOB)

Patient Name: John Doe
Address: 1234 Elm Street, Apt 567
City, State, ZIP: Springfield, IL 62704

Claim Details:

Claim Number: 10001
Claim Date: 12/10/2024
Service: Consultation
Amount Billed: \$200.00
Amount Allowed: \$180.00
Insurance Paid: \$150.00
Patient Responsibility: \$30.00

Claim Number: 10002
Claim Date: 12/10/2024
Service: X-Ray
Amount Billed: \$250.00
Amount Allowed: \$200.00
Insurance Paid: \$180.00
Patient Responsibility: \$20.00

Claim Number: 10003
Claim Date: 12/10/2024
Service: Lab Tests
Amount Billed: \$300.00
Amount Allowed: \$250.00
Insurance Paid: \$200.00
Patient Responsibility: \$50.00