

EXPLANATION OF BENEFITS

EOB ID: EOB-10008	Payer ID: PAYER_001
Date of Service: 2025-12-25	Tax ID: 12-3456789
Claim ID: CLM-110008	Status: Adjusted

Member Information

Member Name: Sarah Davis

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
New Patient	99203	\$58.00	\$46.00	\$9.00	\$37.00
TOTAL AMOUNT:					\$136.04

This is not a bill. This is an explanation of how your claim was processed.

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