

EXPLANATION OF BENEFITS

EOB ID: EOB-10009	Payer ID: PAYER_001
Date of Service: 2025-12-28	Tax ID: 12-3456789
Claim ID: CLM-110009	Status: Finalized

Member Information

Member Name: James Miller

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Extended Visit	99204	\$59.00	\$47.00	\$9.00	\$38.00
Office Visit - Est	99213	\$68.00	\$54.00	\$10.00	\$44.00
TOTAL AMOUNT:					\$153.17

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

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