

# EXPLANATION OF BENEFITS

EOB ID: EOB-10001  
Date of Service: 2025-12-04  
Claim ID: CLM-110001

Payer ID: PAYER\_001  
Tax ID: 12-3456789  
Status: Paid

## Member Information

Member Name: John Smith

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Comp	99214	\$51.00	\$40.00	\$8.00	\$32.00
Consultation	99215	\$52.00	\$41.00	\$8.00	\$33.00
New Patient	99203	\$53.00	\$42.00	\$8.00	\$34.00
TOTAL AMOUNT:					\$917.13

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

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