

# EXPLANATION OF BENEFITS

EOB ID: EOB-10019	Payer ID: PAYER_001
Date of Service: 2026-01-27	Tax ID: 12-3456789
Claim ID: CLM-110019	Status: Finalized

## Member Information

Member Name: Thomas Thompson

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Extended Visit	99204	\$69.00	\$55.00	\$11.00	\$44.00
Office Visit - Est	99213	\$88.00	\$70.00	\$14.00	\$56.00
Office Visit - Comp	99214	\$107.00	\$85.00	\$17.00	\$68.00
TOTAL AMOUNT:					\$323.47

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

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