

EXPLANATION OF BENEFITS

EOB ID: EOB-10006	Payer ID: PAYER_001
Date of Service: 2025-12-19	Tax ID: 12-3456789
Claim ID: CLM-110006	Status: Paid

Member Information

Member Name: Jennifer Brown

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Comp	99214	\$56.00	\$44.00	\$8.00	\$36.00
Consultation	99215	\$62.00	\$49.00	\$9.00	\$40.00
TOTAL AMOUNT:					\$102.78

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

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