

# EXPLANATION OF BENEFITS

EOB ID: EOB-10007  
Date of Service: 2025-12-22  
Claim ID: CLM-110007

Payer ID: PAYER\_001  
Tax ID: 12-3456789  
Status: Pending Review

## Member Information

Member Name: Michael Jones

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Consultation	99215	\$57.00	\$45.00	\$9.00	\$36.00
New Patient	99203	\$64.00	\$51.00	\$10.00	\$41.00
Extended Visit	99204	\$71.00	\$56.00	\$11.00	\$45.00
TOTAL AMOUNT:					\$119.91

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

Generated: 2026-02-26

Document ID: EOB-10007-1772104251808