

EXPLANATION OF BENEFITS

EOB ID: EOB-10020	Payer ID: PAYER_001
Date of Service: 2025-11-01	Tax ID: 12-3456789
Claim ID: CLM-110020	Status: Processed

Member Information

Member Name: Susan Robinson

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Est	99213	\$70.00	\$56.00	\$11.00	\$45.00
TOTAL AMOUNT:					\$340.60

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

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