

# EXPLANATION OF BENEFITS

EOB ID: EOB-10014  
Date of Service: 2026-01-12  
Claim ID: CLM-110014

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

## Member Information

Member Name: Patricia Thomas

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Extended Visit	99204	\$64.00	\$51.00	\$10.00	\$41.00
<b>TOTAL AMOUNT:</b>					<b>\$238.82</b>

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

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