

# EXPLANATION OF BENEFITS

EOB ID: EOB-10003	Payer ID: PAYER_001
Date of Service: 2025-12-10	Tax ID: 12-3456789
Claim ID: CLM-110003	Status: Adjusted

## Member Information

Member Name: Robert Johnson

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
New Patient	99203	\$53.00	\$42.00	\$8.00	\$34.00
Extended Visit	99204	\$56.00	\$44.00	\$8.00	\$36.00
TOTAL AMOUNT:					\$951.39

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

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