

# EXPLANATION OF BENEFITS

EOB ID: EOB-10013	Payer ID: PAYER_001
Date of Service: 2026-01-09	Tax ID: 12-3456789
Claim ID: CLM-110013	Status: Adjusted

## Member Information

Member Name: Richard Anderson

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
New Patient	99203	\$63.00	\$50.00	\$10.00	\$40.00
Extended Visit	99204	\$76.00	\$60.00	\$12.00	\$48.00
Office Visit - Est	99213	\$89.00	\$71.00	\$14.00	\$57.00
TOTAL AMOUNT:					\$221.69

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

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