

# EXPLANATION OF BENEFITS

EOB ID: EOB-10018  
Date of Service: 2026-01-24  
Claim ID: CLM-110018

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

## Member Information

Member Name: Barbara Martin

## Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
New Patient	99203	\$68.00	\$54.00	\$10.00	\$44.00
Extended Visit	99204	\$86.00	\$68.00	\$13.00	\$55.00
TOTAL AMOUNT:					\$306.34

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

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