

EXPLANATION OF BENEFITS

EOB ID: EOB-10010
Date of Service: 2025-12-31
Claim ID: CLM-110010

Payer ID: PAYER_001
Tax ID: 12-3456789
Status: Processed

Member Information

Member Name: Emily Wilson

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Est	99213	\$60.00	\$48.00	\$9.00	\$39.00
Office Visit - Comp	99214	\$70.00	\$56.00	\$11.00	\$45.00
Consultation	99215	\$80.00	\$64.00	\$12.00	\$52.00
TOTAL AMOUNT:					\$170.30

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

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