

EXPLANATION OF BENEFITS

EOB ID: EOB-10018	Payer ID: PAYER_001
Date of Service: 2026-01-24	Tax ID: 12-3456789
Claim ID: CLM-110018	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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