

EXPLANATION OF BENEFITS

EOB ID: EOB-10016	Payer ID: PAYER_001
Date of Service: 2026-01-18	Tax ID: 12-3456789
Claim ID: CLM-110016	Status: Paid

Member Information

Member Name: Linda White

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Comp	99214	\$66.00	\$52.00	\$10.00	\$42.00
Consultation	99215	\$82.00	\$65.00	\$13.00	\$52.00
New Patient	99203	\$98.00	\$78.00	\$15.00	\$63.00
TOTAL AMOUNT:					\$272.08

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

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