

EXPLANATION OF BENEFITS

EOB ID: EOB-10014	Payer ID: PAYER_001
Date of Service: 2026-01-12	Tax ID: 12-3456789
Claim ID: CLM-110014	Status: Finalized

Member Information

Member Name: Patricia Thomas

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Extended Visit	99204	\$64.00	\$51.00	\$10.00	\$41.00
TOTAL AMOUNT:					\$238.82

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

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