

EXPLANATION OF BENEFITS

EOB ID: EOB-10007	Payer ID: PAYER_001
Date of Service: 2025-12-22	Tax ID: 12-3456789
Claim ID: CLM-110007	Status: Pending Review

Member Information

Member Name: Michael Jones

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Consultation	99215	\$57.00	\$45.00	\$9.00	\$36.00
New Patient	99203	\$64.00	\$51.00	\$10.00	\$41.00
Extended Visit	99204	\$71.00	\$56.00	\$11.00	\$45.00
TOTAL AMOUNT:					\$119.91

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

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