

EXPLANATION OF BENEFITS

EOB ID: EOB-10011	Payer ID: PAYER_001
Date of Service: 2026-01-03	Tax ID: 12-3456789
Claim ID: CLM-110011	Status: Paid

Member Information

Member Name: William Moore

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Comp	99214	\$61.00	\$48.00	\$9.00	\$39.00
TOTAL AMOUNT:					\$187.43

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

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