

EXPLANATION OF BENEFITS

EOB ID: EOB-10001	Payer ID: PAYER_001
Date of Service: 2025-12-04	Tax ID: 12-3456789
Claim ID: CLM-110001	Status: Paid

Member Information

Member Name: John Smith

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Comp	99214	\$51.00	\$40.00	\$8.00	\$32.00
Consultation	99215	\$52.00	\$41.00	\$8.00	\$33.00
New Patient	99203	\$53.00	\$42.00	\$8.00	\$34.00
TOTAL AMOUNT:					\$917.13

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

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