

EXPLANATION OF BENEFITS

EOB ID: EOB-10004	Payer ID: PAYER_001
Date of Service: 2025-12-13	Tax ID: 12-3456789
Claim ID: CLM-110004	Status: Finalized

Member Information

Member Name: Maria Garcia

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Extended Visit	99204	\$54.00	\$43.00	\$8.00	\$35.00
Office Visit - Est	99213	\$58.00	\$46.00	\$9.00	\$37.00
Office Visit - Comp	99214	\$62.00	\$49.00	\$9.00	\$40.00
TOTAL AMOUNT:					\$968.52

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

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