

EXPLANATION OF BENEFITS

EOB ID: EOB-10015	Payer ID: PAYER_001
Date of Service: 2026-01-15	Tax ID: 12-3456789
Claim ID: CLM-110015	Status: Processed

Member Information

Member Name: Charles Jackson

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Office Visit - Est	99213	\$65.00	\$52.00	\$10.00	\$42.00
Office Visit - Comp	99214	\$80.00	\$64.00	\$12.00	\$52.00
TOTAL AMOUNT:					\$255.95

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

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