

EXPLANATION OF BENEFITS

EOB ID: EOB-10017	Payer ID: PAYER_001
Date of Service: 2026-01-21	Tax ID: 12-3456789
Claim ID: CLM-110017	Status: Pending Review

Member Information

Member Name: Joseph Harris

Service Details

Service	Code	Billed	Allowed	Patient Resp.	Paid
Consultation	99215	\$67.00	\$53.00	\$10.00	\$43.00
TOTAL AMOUNT:					\$289.21

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

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