



MEDICARE

TEST BILLING PROVIDER INC

Check #906000001

EXPLANATION OF BENEFITS

December 29, 2025

THIS IS NOT A BILL

PAYER ID
906000001

PROVIDER NPI
1999999999

PAYMENT DATE
Dec 29, 2025

PAYMENT SUMMARY

Total Billed: **\$2850.00**
Plan Adjustments: **-\$543.22**
Allowed: **\$2306.78**

Plan Paid: **\$2256.78**
Patient Responsibility: **\$50.00**

Claim #CLM000001 • DOE , JANE • 12/10/2025

TEST PROVIDER (NPI: 1999999999)

PAID

Date	CPT/Description	Units	Billed	Allowed	Plan Paid	Patient	Plan Adjustments
12/10	CPT 99213 Office/outpatient...	1	\$200.00	\$150.00	\$150.00	\$0.00	\$50.00 CO-45
12/10	CPT 93000 Electrocardiogram...	1	\$400.00	\$300.00	\$300.00	\$0.00	\$100.00 CO-45
Totals:			\$600.00	\$450.00	\$450.00	\$0.00	\$150.00

Claim #CLM000002 • SMITH , ROBERT • 12/11/2025

TEST PROVIDER (NPI: 1999999999)

PAID

Date	CPT/Description	Units	Billed	Allowed	Plan Paid	Patient	Plan Adjustments
12/11	CPT 80050 Medical service	1	\$350.00	\$250.00	\$250.00	\$0.00	\$100.00 CO-45
12/11	CPT 36415 Venipuncture for ...	1	\$50.00	\$0.00 Not covered	\$0.00	\$0.00	\$50.00 CO-45
12/11	CPT 99214 Office/outpatient...	1	\$450.00	\$400.00	\$400.00	\$0.00	\$50.00 CO-45
Totals:			\$850.00	\$650.00	\$650.00	\$0.00	\$200.00

Questions about this statement?

Contact your insurance provider at the number on your card
To dispute a claim, visit your provider portal or call customer service

Page 1 of 1

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EXPLANATION OF BENEFITS

December 29, 2025

THIS IS NOT A BILL

PAYER ID 906000001		PROVIDER NPI 1999999999		PAYMENT DATE Dec 29, 2025				
Claim #CLM000003 • JOHNSON , EMILY • 12/12/2025				TEST PROVIDER (NPI: 1999999999)				
				PAID				
Date	CPT/Description	Units	Billed	Allowed	Plan Paid	Patient	Plan Adjustments	
12/12	CPT 70450 CT head/brain wit...	1	\$500.00	\$406.78	\$356.78	\$50.00 Deductible	\$93.22 CO-45	
Totals:			\$500.00	\$406.78	\$356.78	\$50.00	\$93.22	
Claim #CLM000004 • BROWN , MICHAEL • 12/13/2025				TEST PROVIDER (NPI: 1999999999)				
				PAID				
Date	CPT/Description	Units	Billed	Allowed	Plan Paid	Patient	Plan Adjustments	
12/13	CPT J3301 Medical service	4	\$200.00	\$200.00	\$200.00	\$0.00		
12/13	CPT 20610 Medical service	1	\$700.00	\$600.00	\$600.00	\$0.00	\$100.00 CO-45	
Totals:			\$900.00	\$800.00	\$800.00	\$0.00	\$100.00	
GRAND TOTAL								
Total Billed		Allowed		Plan Paid		Patient Resp		Adjustments
\$2850.00		\$2306.78		\$2256.78		\$50.00		\$543.22

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Page 2 of 2

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ADJUSTMENT CODES REFERENCE

The following adjustment codes appear in this EOB:

CO-45: Contractual Obligations: Charge exceeds fee schedule/maximum allowable

PR-1: Patient Responsibility: Deductible amount

*Note: Adjustment codes beginning with 'CO' are contractual obligations (provider responsibility).
Codes beginning with 'PR' are patient responsibility.
Codes beginning with 'OA' are other adjustments.*