



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
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## PAYMENT SUMMARY

Total Billed:	<b>\$2850.00</b>	Plan Paid:	<b>\$2256.78</b>
Plan Adjustments:	<b>-\$543.22</b>	Patient Responsibility:	<b>\$50.00</b>
Allowed:	<b>\$2306.78</b>		

Claim #CLM000001 • DOE , JANE • 12/10/2025		TEST PROVIDER (NPI: 1999999999)					
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
<b>Totals:</b>			<b>\$600.00</b>	<b>\$450.00</b>	<b>\$450.00</b>	<b>\$0.00</b>	<b>\$150.00</b>

Claim #CLM000002 • SMITH , ROBERT • 12/11/2025		TEST PROVIDER (NPI: 1999999999)					
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	\$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
<b>Totals:</b>			<b>\$850.00</b>	<b>\$650.00</b>	<b>\$650.00</b>	<b>\$0.00</b>	<b>\$200.00</b>

## 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

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**MEDICARE**

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PAYER ID 906000001	PROVIDER NPI 1999999999	PAYMENT DATE Dec 29, 2025
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Claim #CLM00003 • 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	\$93.22 CO-45 Deductible
<b>Totals:</b>			<b>\$500.00</b>	<b>\$406.78</b>	<b>\$356.78</b>	<b>\$50.00</b>	<b>\$93.22</b>

Claim #CLM00004 • 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
<b>Totals:</b>			<b>\$900.00</b>	<b>\$800.00</b>	<b>\$800.00</b>	<b>\$0.00</b>	<b>\$100.00</b>

**GRAND TOTAL**

Total Billed <b>\$2850.00</b>	Allowed <b>\$2306.78</b>	Plan Paid <b>\$2256.78</b>	Patient Resp <b>\$50.00</b>	Adjustments <b>\$543.22</b>
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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.*