# Explanation of Benefits CLM-0006

Sample Health Plan, fictional explanation of benefits for parser testing

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|---|---|
| Statement | EOB-CLM-0006 |
| This is not a bill | an explanation of how the claim was processed |
| Payer | Sample Health Plan (60001) |
| Member | Sample visitor 7 (PAT-006) |
| Provider | Juniper Fitness and Clinic Administration, identifier 1000000012 |
| Claim number | CLM-0006 |
| Payer claim control number | 1000000006 |
| Date of service | 2026-09-08 |
| Payment date | 2026-09-25 |
| Check number | CHK000000011 |

Fictional claim administration generated for file-parsing tests. No claim was submitted, no benefit is payable, and every identifier uses a reserved prefix.

No fixture in this set holds a clinical record. Procedure and diagnosis codes are synthetic five-character placeholders in the right shape, not CPT, HCPCS or ICD values, and the patients are the fictional visitor names the appointment model already carries.

## How the claim was processed

| Code | Service | Charged USD | Allowed USD | Not covered USD | Plan paid USD | You owe USD |
|---|---|---|---|---|---|---|
| X1001 | Initial assessment, 30 minutes | 120.00 | 96.00 | 24.00 | 76.80 | 19.20 |
| X1002 | Follow-up assessment, 20 minutes | 85.00 | 68.00 | 17.00 | 54.40 | 13.60 |
| | Total | 205.00 | 164.00 | 41.00 | 131.20 | 32.80 |

## What the codes mean

The not covered column is adjustment CO 45, the amount by which the charge exceeds the contracted rate. It is a contractual write-off and the provider may not bill it to you. The you owe column is adjustment PR 2, coinsurance, which is 20 percent of the allowed amount.

## Check the arithmetic

Charged 205.00 less not covered 41.00 is the allowed amount 164.00. The plan paid 131.20 and you owe 32.80, which together are the allowed amount again.