



Claim Processed Using Imagn Billing Software & Service

PERIO – EOB

Service Line Information

Service Dates	PL	Service Code	NUM SVCS	Submitted Charges	Allowable Amount	CoPay Amount	See Remarks	Deductible	Co Insurance	Patient Resp	Payable Amount
01/23/19		41805	4.0	Submitted			1				
		41805	1.0	\$275.00			2	\$200.00	\$15.00	\$215.00	\$60.00
01/23/19	11	41805	1.0	\$275.00			2		\$55.00	\$55.00	\$220.00
01/23/19	11	41805	1.0	\$275.00			2		\$55.00	\$55.00	\$220.00
01/23/19	11	41805	1.0	\$275.00			2		\$55.00	\$55.00	\$220.00
TOTALS				\$1100.00				\$200.00	\$180.00	\$380.00	\$720.00

*The above EOB's have been redesigned for readability and are not examples of the Imagn Billing Software.

Billed: 3/21/19 Paid: 4/15/19

CPT: 41805 – Removal of Foreign Body (SRP)
 Total Billed: \$1100.00
 Total Allowed: \$1100.00
 Total Paid to Provider: \$720.00

PERIO – EOB

Service Line Information

Patients Name: N/A		ID Number: N/A		Date Of Service: 07/27/2018		Patient #: N/A		Medical Rec #: N/A		Place: N/A	
Type Of Service	PC/Days Sub. Unit(s)	Prov ID Paid Unit(s)	Billed Charges	Contracted Charges	Disallowed Amount	Deductible Amount	CoPay/Coins Amount	Remaining Mbr Expense	Remark Code	Amount Paid	
Medical Care	99396 / 1	1	\$159.00	\$128.63	\$30.37	\$0.00	\$0.00	\$0.00		\$128.63	
Office Visit	99211 / 1	1	\$63.00	\$25.12	\$37.88	\$0.00	\$0.00	\$0.00		\$25.12	
Dental X-Rays	70300 / 3	3	\$111.00	\$49.11	\$61.89	\$0.00	\$0.00	\$0.00		\$49.11	
Dental X-Rays	70310 / 1	1	\$80.00	\$34.68	\$45.32	\$0.00	\$0.00	\$0.00		\$34.68	
Claim Total:										\$237.54	

Billed for Perio Maintenance, Exam and X-Rays. Allowed \$237, Paid 100% = \$237

*The above EOB's have been redesigned for readability and are not examples of the Imagn Billing Software.