Crestline Health Plan

1200 Republic Blvd, Suite 900, Austin, TX 78701 · 1-855-555-0198 · crestlinehealth.example

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

MEMBER
Jordan A. Sample
22 Elmwood Lane, Katy, TX 77034
Member ID: CHP-77450213

PATIENT / PROVIDER
Patient: **Jordan A. Sample**
Provider: Trinity Medical Group
Date of service: 05/20/2025

CLAIM
Claim MED-2025-7781045
Group HISD-MED
Processed 06/18/2025

BILLED	NETWORK DISCOUNT	PLAN PAID	YOUR RESPONSIBILITY
$387.00	$77.40	$247.68	$61.92

DATE OF SERVICE	SERVICE (CPT)	PROVIDER	BILLED	DISCOUNT	PLAN PAID	YOUR RESP.
05/20/2025	99214 · Office visit, established (moderate)	R. Okafor, MD	$245.00	-$49.00	$156.80	$39.20
05/20/2025	93000 · Electrocardiogram, routine	Cardiology	$95.00	-$19.00	$60.80	$15.20
05/20/2025	80053 · Comprehensive metabolic panel	Trinity Lab	$47.00	-$9.40	$30.08	$7.52

Total billed	$387.00
Network discount	-$77.40
Amount allowed	$309.60
Plan paid (80%)	$247.68
Your responsibility (coinsurance)	**$61.92**
Paid to provider	**$61.92**
You may still owe	**$0.00**

This medical Explanation of Benefits from Crestline shows the 05/20/2025 date of service, each service and its CPT code, the rendering provider, the amount billed, the network discount, what the plan paid, and your coinsurance. Because it contains all five substantiation elements, an EOB substantiates an FSA claim by itself. THIS IS NOT A BILL.