

Military OneSource Claims EOP & DDAR Resource Guide

This guide provides high-level information on viewing and interpreting information on Explanation of Payments (EOP) and Direct Deposit Activity Reports (DDAR).

EOP

- **Control Number:** This will be the eCMS # from the CAR Form
 - **Example:** 0017884865
- **Patient ID:** Auto generated member number that will be utilized for claims processing only
- **PATIENT:** CogMasklst + last 4 digits of auto generated patient ID number that will be utilized for claims processing only
 - **Example:** CogMasklst3805, CogMaskfst1005
- **Document Number:** Payer Claim number
 - Claim system number that will be referenced when solving any possible claim issues.

Evernorth Behavioral Health, Inc. (d/b/a Evernorth Behavioral Health Administrators in California)								THIS IS NOT A BILL		Page 2 of 3	
Important Information Visit provider.evernorth.com and click on MyPractice, and then EFT Enrollment to see how to get paid faster and simplify your life.								DATE:	07/03/2024		
								PARTNER TIN	VENDOR NUMBER: 1234567890		
								CONTROL NUMBER:	0017884865		
Claim Details If there are numbers in the 'See Remarks' column, Remarks will be explained at the end of this section.											
PATIENT: Cogmasklst3805, Cogmaskfst1005 PATIENT ACCOUNT #: 6412587965 PATIENT ID: 10053805*00 PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER SUBSCRIBER: Cogmasklst3805, Cogmaskfst1005 SUBSCRIBER ID: 10053805*00								PROVIDER RELATIONSHIP: US: In Network INVOICE NUMBER: 64071311 DOCUMENT NUMBER: 2418540002 RECEIVED DATE: 07/03/2024			
SERVICE DATES	PROCEDURE CODE	CHARGES	CONTRACT ADJUSTMENT	ALLOWED/ CONTRACTED	NOT COVERED	DEDUCTIBLE	COPAY	COINSURANCE	LPI PAID	TOTAL PAYMENT	SEE REMARKS
07/02/24	99404	65.64		65.64						65.64	A009
								65.64	\$65.64	\$65.64	
Patient's deductible / not covered Patient's coinsurance / copay Balance due from patient: \$0.00											
If you'd like information on how much the customer has met towards their accumulators (e.g., deductibles), please contact Customer Service at the number on the back of the patient's ID card.											
Remarks A009 CLAIM FOR SERVICES RENDERED TO MILITARY ONESOURCE PARTICIPANT -											

DDAR



- **Subscriber #:** This will be the eCMS # from the CAR Form
 - **Example:** 10054919
- **Patient Number:** Auto generated member number that will be utilized for claims processing only
- **Patient Name:** Patient Name - CogMaskLst + last 4 digits of auto generated member ID that will be utilized for claims processing only
 - **Example:** CogMaskLst1005, CogMaskFst4919
- **REF #:** Payer claim number
 - Claim system number that will be referenced when solving any possible claim issues.
 - **Example:** 241944002*1