

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
 - o **Example:** 0017884865
- **Patient ID:** Auto generated member number that will be utilized for claims processing only
- **PATIENT:** CogMask1st + last 4 digits of auto generated patient ID number that will be utilized for claims processing only
 - o **Example:** CogMask1st3805, CogMaskfst1005
- **Document Number:** Payer Claim number
 - o 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 My Practice, and then EFT Enrollment to see how to get paid faster and simplify your life.

DATE: 07/03/2024

PROVIDER TIN: 1012345678
VENDOR NUMBER: 1012345678
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: Cogmask1st3805, Cogmaskfst1005
PATIENT ACCOUNT #: 6412587965
PATIENT ID: 10053805*00
PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER
SUBSCRIBER: Cogmask1st3805, Cogmaskfst1005
SUBSCRIBER ID: 10053805*00

PAYER RELATIONSHIP: US: In Network
INVOICE NUMBER: 640713111
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				\$0.00							
Patient's coinsurance / copay				\$0.00							
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
 - o **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
 - o **Example:** CogMaskLst1005, CogMaskFst4919
- **REF #:** Payer claim number
 - o Claim system number that will be referenced when solving any possible claim issues.
 - o **Example:** 241944002*1

Provider Number			Provider Network Status:			Date Created			THIS IS NC			Retain for Your Records		Page
			IN NETWORK			08/02/2024								1
Line	Procedure Code	Adjusted Procedure Code	Adjusted Amount	Adjusted Procedure Code	Adjusted Amount	Not Covered Discount	Adjusted/Co-pay Amount	Coinsurance Amount	DRG/Per Diem Type	DRG/Per Diem Number	DRG/Per Diem Amount	DRG/Per Diem Amount	Plan Benefit	See Note
PATIENT NAME: CogMaskFst1005 CogMaskLst4919														
SUBSCRIBER NAME: CogMaskFst1005 CogMaskLst4919														
PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER														
1	07/05/2024	99404	67.55	0.00	67.55	0.00	0.00	0.00		0.00	0.00	67.55	A009	
TOTAL			67.55	0.00	67.55	0.00	0.00	0.00		0.00	0.00	67.55		
PAYMENT OF \$67.55 TO PRAC AMELIE														
PLAN PAYMENT			67.55											
TOTAL PATIENT RESPONSIBILITY			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 this Explanation of Payment (EOP).														
PATIENT NAME: CogMaskFst1005 CogMaskLst4920														
SUBSCRIBER NAME: CogMaskFst1005 CogMaskLst4920														
PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER														
1	07/11/2024	99404	67.55	0.00	67.55	0.00	0.00	0.00		0.00	0.00	67.55	A009	
TOTAL			67.55	0.00	67.55	0.00	0.00	0.00		0.00	0.00	67.55		
PAYMENT OF \$67.55 TO PRAC AMELIE														
PLAN PAYMENT			67.55											
TOTAL PATIENT RESPONSIBILITY			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 this Explanation of Payment (EOP).														
A009 CLAIM FOR SERVICES RENDERED TO MILITARY ONESOURCE PARTICIPANT														
SUBDDARI 09/01/21														
EBH Provider EFT Summary														

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