

# CHAMPVA

## sample EOB

**Check Enclosed:**  
Indicates that a US Treasury check is enclosed. When there is no payment, this will read *Information only, no check enclosed.*

**Check Identification Number:**  
This number matches the payment check number.

Department of the Treasury  
Financial Management Service  
Regional Financial Center  
P.O. Box 149059  
Austin, TX 78714-9058

15999999  
[Barcode]

SOS MED CENTER  
ATTN: Accounts Receivable  
PO BOX 12  
SOMEWHERE, TX 65193

**Check enclosed.**

**Control Number(s):**  
CHAMPVA claim-specific identifier (always starts with 2 alpha characters).

A39999  
16-345-98

**Patient Control Number:**  
Provider claim-specific identifier (not always present).

Control Number	Dates of Service From	To	Description Of Service Code/Modifier/Multiplier	Amount Billed	Amount Allowed	Amnt Not Covered	Remarks/ Codes
A39999	12/26/98	12/26/98	70450-TC CAT SCAN OF HEAD	\$ 1048.08	\$ 179.56	\$ 868.52	280
16-345-98	12/26/98	12/26/98	X1855 EMERGENCY ROOM SVC	\$ 355.00	\$ 355.00	\$ 0.00	
OHI PAID: HAC PAYMENTS: TO PROVIDER \$0.00				PATIENT PAID: TO PROVIDER \$400.92	CLAIM TOTAL: \$ 1403.08	COST SHARE \$133.04	
TOTAL PAYMENTS: TO PROVIDER \$400.92				TO PATIENT \$0.00			

REMARKS/CODES:  
TECHNICAL ADJUSTMENT BASED ON TECHNICAL COMPONENT-TC MODIFIER  
74190674391

**OHI Paid:** Amount paid by other health insurance—including adjustments applied as a result of agreements between the provider and the OHI.

**Patient Paid:**  
Amount patient paid to provider.

**To Patient:**  
Total amount of CHAMPVA payment to patient.

**Cost Share:**  
Patient's portion of CHAMPVA allowable amount for this claim.

**FMS Doc ID Number:** Sometimes starting with *HV*, this 11-digit number further assists in identifying payments.

**To Provider:**  
Total amount of CHAMPVA payment to provider.

### EXPLANATION OF BENEFITS

#### CHAMPVA

This is not a bill. The information on this EOB statement summarizes the action taken on your claim. Payment, if indicated, is enclosed. Appeals must be in writing accompanied by a copy of this EOB, and mailed to: VA Health Administration Center, P.O. Box 60223, Denver, CO 80206-9023. Attn: Appeals. If you have questions about this EOB, call 1-800-361-7599.

Patient: DOE, JOHN  
Date: 9/14/98  
A-Card: 123456789  
SSN: 123-45-6789  
DOB: 1/2/80

YR	Deductible Accrual	Indiv.	Family
98	\$ 50.00	\$100.00	\$100.00
97	\$ 0.00	\$ 0.00	\$100.00

YR	CAT Cap Accrual
98	\$ 302.61
97	\$1211.03

**Amount Allowed:**  
CHAMPVA allowable amount.

**Remarks/Codes:** A code in this column represents a narrative description (see below) of the action taken on the claim.