Division of Medical Services
P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437
P: (501) 682-8292 F: (501) 682-1197

Select the Medicare EOMB Information Form to Match the Claim Type

DMS-600 for Institutional Claims **DMS-600 for Professional Claims**

Select the Medicare EOMB Information form matching your claim type, complete, and return the completed barcoded page with your claim.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

CMS 1450/UB04 (Institutional)
MEDICARE EOMB INFORMATION

The DMS-600(I) form captures both Header and Detail Medicare Information for Outpatient Crossover Paper claims. Additionally, the copayment amount will now be captured at the header level for all Crossover claims and the copayment at the detail level for Institutional Crossover Paper claims.

Do not attach this page to claim form CMS-1500.

Field Definitions:
Detail Number: Detail number of the claim record.
Medicare Paid Date: Date Medicare paid for the services.
Medicare Allowed Amount: Dollar amount allowed by Medicare for the services. Format 99999999.99.
Medicare Paid Amount: Dollar amount paid by Medicare for the services. Format 99999999.99.
Medicare Non-Covered Charges: Positive difference between what Medicare allows and what the provider billed. Format 99999999.99.
Medicare Deductible Amount: Dollar amounts the member must pay before Medicare begins to pay. Format 99999999.99.
Blood Deductible Amount: Dollar amount Medicare has determined that a member must pay for blood procedures performed. Format 99999999.99.
Medicare Coinsurance Amount: Dollar amount that represents the percentage of the Medicare payment rate or a hospital's billed charges that a member must pay after payment of deductible. Format 99999999.99.
Medicare Copayment Amount: Dollar amount that represents the percentage of the Medicare Advantage Plan's charge for services that a member must pay after payment of deductible. Format 99999999.99.

Please mail the completed national form and the entire attachment to:

Gainwell Technologies
PO Box 34440
Little Rock, AR 72203

ARKANSAS DEPARTMENT OF HUMAN SERVICES

CMS 1450/UB04 (Institutional)
MEDICARE EOMB INFORMATION

Attach this document to claim form CMS-1450 (UB04).

Provider #:		Provider Name:			
Beneficiary #		Beneficiary Name:			
Billed Amount:		From DOS:		To DOS:	

CMS-1450 (UB04) Medicare Header Amounts:

Refer to the Explanation of Medicare Benefit (EOMB) to find the total header amounts to enter below.

Medicare Paid Amount:		Medicare Allowed Amount:	
Medicare Coinsurance Amount:		Medicare Deductible Amount:	
Medicare Non-Covered Charges:		Medicare Paid Date:	
Blood Deductible Amount:		Medicare Copayment Amount:	

CMS-1450 (UB04) Medicare Detail Amounts):

Refer to the Explanation of Medicare Benefit (EOMB) to find the detail amounts to enter in the table below.

Detail Number	Medicare Paid Date	Medicare Allowed Amount	Medicare Paid Amount	Medicare Non-Covered Charges	Medicare Deductible Amount	Blood Deductible Amount	Medicare Coinsurance Amount	Medicare Copayment Amount

Note: If there are more than 20 lines to report, copy this page.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

CMS 1500 (Professional)
MEDICARE EOMB INFORMATION

The DMS-600(P) form will capture both Header and Detail Medicare Information for Professional Crossover Paper claims. Additionally, the copayment amount is captured at the header level for all Crossover claims and the copayment at the detail level for Professional Crossover Paper claims.

Do not attach this page to claim form CMS-1450 (UB04).

Field Definitions:
Detail Number: Detail number of the claim record.
Medicare Paid Date: Date Medicare paid for the services.
Medicare Allowed Amount: Dollar amount allowed by Medicare for the services. Format 99999999.99.
Medicare Paid Amount: Dollar amount paid by Medicare for the services. Format 99999999.99.
Medicare Non-Covered Charges: Positive difference between what Medicare allows and what the provider billed. Format 99999999.99.
Medicare Deductible Amount: Dollar amounts the member must pay before Medicare begins to pay. Format 99999999.99.
Psychiatric Reduction Amount: Dollar amount Medicare has determined that a member must pay for psychiatric services received. Format 99999999.99.
Medicare Coinsurance Amount: Dollar amount that represents the percentage of the Medicare payment rate or a hospital's billed charges that a member must pay after payment of deductible. Format 99999999.99.
Medicare Copayment Amount: Dollar amount that represents the percentage of the Medicare Advantage Plan's charge for services that a member must pay after payment of deductible. Format 99999999.99.
Medicare Prorated Deductible: Dollar amount for Medicare Prorated Deductible. Format 99999999.99.

Please mail the completed national form and the entire attachment to:

Gainwell Technologies
PO Box 34440
Little Rock, AR 72203

ARKANSAS DEPARTMENT OF HUMAN SERVICES

CMS 1500 (Professional)
MEDICARE EOMB INFORMATION

Attach this document to CMS-1500 claim form.

Provider #:		Provider Name:			
Beneficiary #		Beneficiary Name:			
Billed Amount:		From DOS:		To DOS:	

CMS-1500 Medicare Header Amounts:

Refer to the Explanation of Medicare Benefit (EOMB) to find the total header amounts to enter in the table below.

Medicare Paid Amount:		Medicare Allowed Amount:	
Medicare Coinsurance Amount:		Medicare Deductible Amount:	
Medicare Non-Covered Charges:		Medicare Paid Date:	
Psychiatric Reduction Amount:		Medicare Copayment Amount:	
		Medicare Prorated Deductible:	

CMS-1500 Medicare Detail Amounts:

Refer to the Explanation of Medicare Benefit (EOMB) to find the detail amounts to enter below.

Detail Number	Medicare Paid Date	Medicare Allowed Amount	Medicare Paid Amount	Medicare Non-Covered Charges	Medicare Deductible Amount	Psychiatric Reduction Amount	Medicare Coinsurance Amount	Medicare Copayment Amount

Note: If there are more than 20 lines to report, copy this page.

DMS-600(P) (10-01-24)