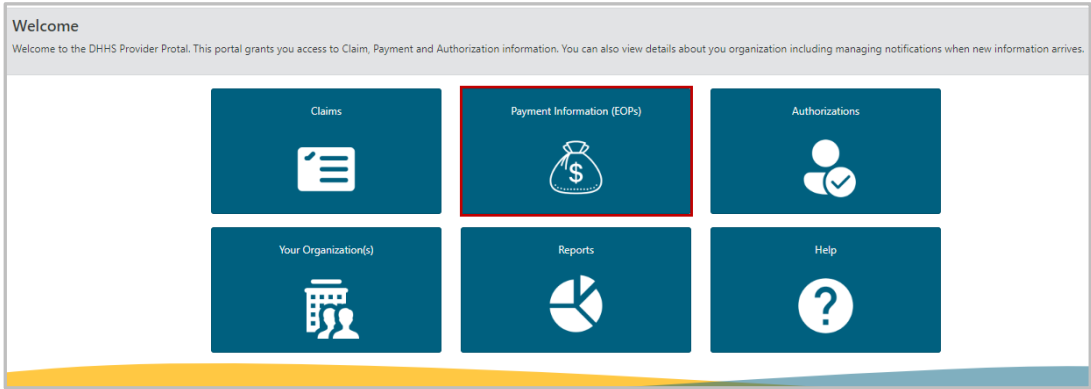
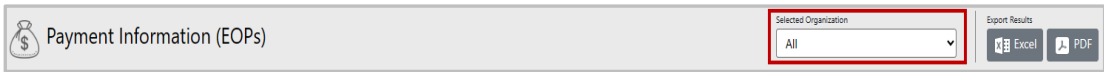


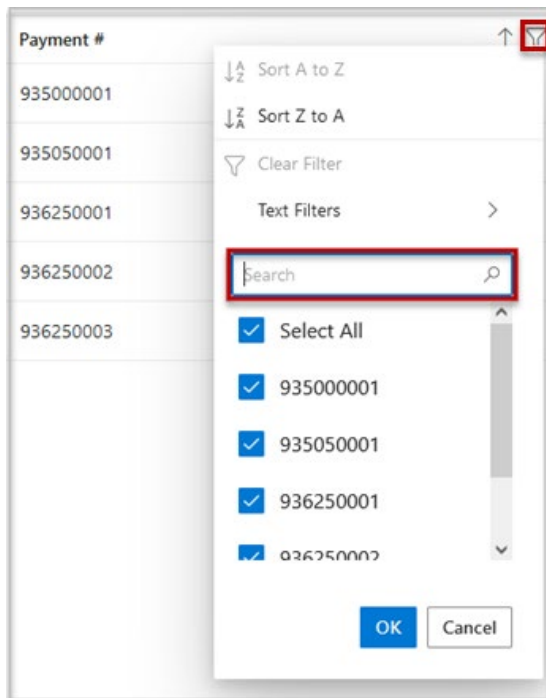
# CFS Provider Portal

## How to View Payment Information/EOPs

The **Explanations of Payments (EOP)** page contains payments that have been generated for your organization. If you have multiple organizations, you can switch organizations by using the Selected Organizations drop-down menu.

Step #	Description
1.	<p>Click on the <b>Payment Information (EOPs)</b> tile on your <b>Dashboard</b>.</p> 
2.	<p>The <b>Payment Information (EOPs)</b> page displays. To sort the results, use the <b>Selected Organization</b> drop-down menu to choose a specific organization.</p> <p><b>Note:</b> The default view is 'All' which displays authorizations for all the organizations that you manage.</p> 

3. To narrow your search further, use the filter icon in the applicable column header. A search box will display. Enter your search criteria or make your selection from the results list and click **OK** to apply changes.



4. Click on **View EOP** to generate and download a PDF containing the details of the selected payment.

Issued Date	Payment Type	Payment #	Amount	
1/8/2020	Warrant	935000001	\$90.00	<a href="#">View EOP</a>
1/9/2020	ACH Payment	935050001	\$50.00	<a href="#">View EOP</a>
1/21/2020	ACH Payment	936250003	\$1,080.00	<a href="#">View EOP</a>
1/21/2020	ACH Payment	936250001	\$40.00	<a href="#">View EOP</a>
1/21/2020	ACH Payment	936250002	\$30.00	<a href="#">View EOP</a>

5.

This is a sample of a PDF generated when you click on **View EOP**

Department of Health & Human Services  
**DHHS**  
NEBRASKA

State of Nebraska  
Pete Ricketts, Governor

**EXPLANATION OF PAYMENTS**

**PAYEE:**  
MADDIES ANGELS

**ISSUE DATE:**  
01/08/2020

**OWNER:**  
MADDIES ANGELS

**WARRANT # (DIRECT DEPOSIT/EFT #):**  
935000001

**PAYMENT AMOUNT:**  
\$90.00

**A. ORIGINAL CLAIMS PROCESSED**

CLAIM #: 94332078 PROVIDER: MADDIES ANGELS (72236421) Line Approved Amount: 90.00

Line:	Vr:	Customer Name:	Dates of Service:	Srv Auth:	Srv Cd:	Service:
0001	0001	ANIMAL, SPIRIT	12-01-2019	25312858	3015	EMERGENCY SHELTER CENTER

Freq:	Units:	Rate:	Total Chrg:	Red Amount:	Cust Oblig:	FICA:	BckUp Wh:	Prev Pd Amt:
DY	1.00	90.000	90.00	0.00	0.00	0.00	0.00	0.00

**PAYMENT RECONCILIATION**

Total Payments of Original and Adjusted Claims	\$90.00
Total Collections Applied to Overpayments	\$0.00
Total Payment to Provider	\$90.00