



# Medicare Summary Notice

## for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

FACILITY NAME  
JENNIFER WASHINGTON  
STREET ADDRESS  
CITY, ST 12345-6789

### THIS IS NOT A BILL

#### Notice for Jennifer Washington

Medicare Number	XXX-XX-1234A
Date of This Notice	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

#### Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met **\$85** of your **\$162** deductible for 2011.

#### Be Informed!

Register at [www.MyMedicare.gov](http://www.MyMedicare.gov) for direct access to your Original Medicare claims, track your preventive services and print an “On the Go” report to share with your provider. Visit the Web site to sign up and access your personal Medicare information.

#### Your Claims & Costs This Period

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	2
See claims starting on page 3. Look for <b>NO</b> in the “Service Approved?” column. See the last page for how to handle a denied claim.	
<b>Total You May Be Billed</b>	<b>\$150.86</b>

#### Providers with Claims This Period

June 18, 2011  
**Susan Jones, M.D.**

June 28, 2011  
**Craig I. Secosan, M.D.**

June 29 – June 30, 2011  
**Edward J. Mcginley M.D.**

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.

如果需要国语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”.

1-800-MEDICARE (1-800-633-4227)

# Making the Most of Your Medicare

## How to Check This Notice

**Do you recognize the name of each doctor or provider?** Check the dates. Did you have an appointment that day?

**Did you get the services listed?** Do they match those listed on your receipts and bills?

**If you already paid the bill, did you pay the right amount?** Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

## How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

**You can make a difference!** Last year, Medicare saved tax-payers **\$4 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

## How to Get Help with Your Questions

**1-800-MEDICARE (1-800-633-4227)**

Ask for “doctors services.” Your customer-service code is 05535.

**TTY 1-877-486-2048** (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **1-555-555-5555**.

## Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your “Medicare & You” handbook for a complete list.
- Visit [www.MyMedicare.gov](http://www.MyMedicare.gov) for a personalized list.

## Your Messages from Medicare

**Get a pneumococcal shot.** You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

**To report a change of address,** call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**Early detection is your best protection.** Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

**Do You Use Therapy Services? Watch the limit!** In 2011, Medicare's annual coverage limit for most outpatient physical therapy and speech language pathology is \$1,860 combined.

## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

### Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered this service.

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**June 18, 2011**

**Dr. Susan Jones, M.D., (555) 555-1234**

Brevard County Physical Therapy Center, 32 Main Street, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
<b>Total for Claim #02-10195-592-677</b>		\$45.00	\$28.54	\$22.83	\$5.71	A

Continued →

### Notes for Claims Above

**A Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina.** Send any questions regarding your benefits to them.

**June 28, 2011****Craig I. Secosan, M.D., (555) 555-1234**

Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	<b>\$21.59</b>	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	<b>0.00</b>	<b>B</b>
<b>Total for Claim #02-10195-592-390</b>		\$143.00	\$107.97	\$86.38	<b>\$21.59</b>	<b>C</b>

**June 29 – June 30, 2011****Edward J. Mcginley, M.D., (555) 555-1234**

Nazareth Cardiology PC, 3037 Smith Ave, Philadelphia, PA 19182-0001

Referred by Hanh-Nhon Doan

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
<b>June 29, 2011</b>						
Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report (93010)	<b>NO</b>	\$55.00	\$0.00	\$0.00	<b>\$55.00</b>	<b>D,E</b>
<b>June 30, 2011</b>						
Destruction of skin growth (17000)	<b>NO</b>	68.56	0.00	0.00	<b>68.56</b>	<b>D</b>
<b>Total for Claim #02-10204-674-840</b>		\$123.56	\$0.00	\$0.00	<b>\$123.56</b>	<b>C</b>

**Notes for Claims Above**

- B** This line is for reporting purposes only. You should not be charged. If there is a fee listed, you do not have to pay.
- C** **Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina.** Send any questions regarding your benefits to them.
- D** **This service was denied.** The information provided does not support the need for this service or item.
- E** A National Coverage Determination (NCD) or Local Coverage Determination (LCD), was used when we made this decision. These policies provide a guide to help in determining whether a particular item or service is covered by Medicare. A copy of this policy is available by calling 1-800-MEDICARE (1-800-633-4227). Policy #L27490.

# How to Handle Denied Claims or File an Appeal

## Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

## If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

**Appeals must be filed in writing.** Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

**January 14, 2011**

## If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including how to appoint a representative.

**Call your provider:** Ask your provider for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

## File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.

- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
**c/o First Coast Service Options, Inc.**  
**Street Address**  
**City, ST 12345-6789**



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See page 2 for how to double-check your notice.	
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