



Medicare Summary Notice

This is a Copy of the Statement You Requested

October 8, 2010

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
 CAMPBELL MO 63933

BE INFORMED: Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-7606A
 (#19003)

If you have questions, call:

1-800-Medicare
 (1-800-633-4227)
 Ask for Medical Supplies

TTY for Hearing Impaired: 1-877-486-2048

This is a summary of claims processed from 07/10/2010 through 10/08/2010.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 10180832608000						
KILGORE INC, 700 N PROVIDENCE RD, COLUMBIA, MO 65203-4373						a
Referred by: PAUL J GARVIN						
06/24/10	1.0 Px sup fee anti-can sub pres (Q0512)	\$16.00	\$16.00	\$12.80	\$3.20	
06/24/10	180.0 Mycophenolic acid (J7518-KX) SPECIFIC REQUIRED DOCUMENTAT	537.12	537.12	429.70	107.42	
06/24/10	1.0 Px sup fee anti-can sub pres (Q0512)	16.00	16.00	12.79	3.21	
06/24/10	240.0 Tacrolimus oral per 1 MG (J7507-KX) SPECIFIC REQUIRED DOCUMENTAT	790.32	790.32	632.26	158.06	
Claim Total		\$1,359.44	\$1,359.44	\$1,087.55	\$271.89	
Claim number 10180832609000						
KILGORE INC, 700 N PROVIDENCE RD, COLUMBIA, MO 65203-4373						a
Referred by: PAUL J GARVIN						
06/25-07/24/10	1.0 Lancets per box (A4259-KXCC) SPECIFIC REQUIRED DOCUMENTAT	\$12.66	\$12.66	\$10.13	\$2.53	
06/25-07/24/10	2.0 Blood glucose/reagent strips (A4253-NUKX) NEW EQUIPMENT	68.76	68.76	55.01	13.75	
Claim Total		\$81.42	\$81.42	\$65.14	\$16.28	

THIS IS NOT A BILL - Keep this notice for your records.

IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook

MEDICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims maybe assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the You May Be Billed column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- **the amount billed, up to the limiting charge, for unassigned claims, and**
- **charges for services/supplies that are not covered by Medicare.** You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Your Medicare Number: XXX-XX-7606A

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October 8, 2010**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number	10224824219000					
	KILGORE INC, 700 N PROVIDENCE RD, COLUMBIA, MO 65203-4373					a
	Referred by: PAUL J GARVIN					
08/10/10	1.0 Sup fee antiem,antica,immuno (Q0511)	\$24.00	\$24.00	\$19.20	\$4.80	
08/10/10	180.0 Mycophenolic acid (J7518-KX) SPECIFIC REQUIRED DOCUMENTAT	574.92	574.92	459.94	114.98	
08/10/10	1.0 Px sup fee anti-can sub pres (Q0512)	16.00	16.00	12.80	3.20	
08/10/10	240.0 Tacrolimus oral per 1 MG (J7507-KX) SPECIFIC REQUIRED DOCUMENTAT	798.48	798.48	638.78	159.70	
	Claim Total	\$1,413.40	\$1,413.40	\$1,130.72	\$282.68	

Notes Section:

a This information is being sent to Medicaid. They will review it to see if additional benefits can be paid.

Deductible Information:

You have met the Part B deductible for 2010.

General Information:

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

If you have not received your flu shot, it is not too late. Please contact your health care provider about getting the flu shot.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Go green by getting your "Medicare & You" handbooks electronically. Visit www.mymedicare.gov to sign up before May 31, 2010.

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at medicare.gov/caregivers for up-to-the-minute information, resources, and tips on making the most of Medicare.

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

(continued)

Your Medicare Number: XXX-XX-7606A

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General Information: (continued)

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts what Medicare pays.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within the 6 months before you retire to update your records. Make sure your health care bills get paid correctly.

ALERT: Coverage by Medicare is limited to \$1,840 for 2009 and \$1,860 for 2010 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

Your Medicare Number: XXX-XX-7606A

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Appeals Information - Part B

If you disagree with any claims decisions on this notice, your appeal must be received by February 10, 2011. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Noridian Administrative Services, Attn: Redetermination Dept, P. O. Box 6727, Fargo, ND 58108.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number _____.