

**June 18 – June 20, 2011**

**Otero Hospital, (555) 555-1234**

PO Box 1142, Manati, PR 00674

Referred by Dr. Jesus Sarmiento Forasti

	Benefit Days Used	Item Approved?	Non- Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting June 18, 2011	4 days	Yes	\$0.00	\$4,886.98	\$0.00	
<b>Total for Claim #20905400034102</b>			\$0.00	\$4,886.98	\$0.00	<b>A</b>

**June 18, 2011****Aisa G. Lopez, (555) 555-1234**

8046 Crittenden St, Philadelphia, PA 19118-0000

Referred by Roy K Augusthy

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 minut (97110)	Yes	\$45.00	\$28.54	\$22.83	<b>\$5.71</b>	
<b>Total for Claim #02-10195-592-677</b>		\$45.00	\$28.54	\$22.83	<b>\$5.71</b>	<b>A</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	Item Approved?	Amount Provider Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
<b>June 29, 2010</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,F</b>
<b>June 30, 2010</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>	

**July 19 – August 22, 2011****The New York and Presbyterian Hospital, (555) 555-1234**

525 East 68th Street, New York NY 10065-4870

Referred by Selim M. Arcasoy

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Liver function blood test panel (80076)	Yes	\$69.46	\$69.46	\$69.46	<b>\$0.00</b>	<b>A</b>
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	<b>0.00</b>	<b>A</b>
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	<b>0.00</b>	<b>A</b>
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	<b>0.00</b>	<b>A</b>
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	<b>0.00</b>	<b>A</b>
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	<b>\$0.00</b>	<b>A</b>
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	<b>\$0.00</b>	<b>A</b>
<b>Total for Claim #21035000422104NYA</b>		\$486.22	\$486.22	\$486.22	<b>\$0.00</b>	

May 9, 2011

Lincare Inc., (555) 555-1234

PO BOX 996, Blue Springs, MO 64013-0996

Ordered by John K Whalen

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Oxygen Concentrator (E1390-RR) Rental	Yes	\$442.00	\$173.17	\$138.54	\$34.63	A
Total for Claim #10334829487000		\$442.00	\$173.17	\$138.54	\$34.63	B