



# Medicare Summary Notice for Part B (Medical Insurance)

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

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

**THIS IS NOT A BILL**

## Notice for Jennifer Washington

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

## Your Claims & Costs This Period

<b>Did Medicare Approve All Items and Services?</b>	<b>YES</b>
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See page 2 for how to double-check your notice.

<b>Total You May Be Billed</b>	<b>\$61.31</b>
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## 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 **\$85.00** of your **\$162.00** deductible for 2011.

## Suppliers with Claims This Period

May 9, 2011

**Lincare Inc.**

June 12, 2011

**Prof Healing Solutions**

July 6 – August 8, 2011

**Walgreens Co**

## 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.

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

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 supplier?**

Check the dates. Did you make a purchase that day?

**Did you get the items/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.

## 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.

## How to Report Fraud

If you think a supplier 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 “medical supplies.” 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**.

## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

### Definitions of Columns

**Item/Service Approved?:** This column tells you if Medicare covered this item or service.

**Amount Supplier Charged:** This is your supplier's fee for this item or service.

**Medicare-Approved Amount:** This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

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

**Maximum You May Be Billed:** This is the total amount the supplier 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.

**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, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	\$442.00	\$173.17	\$138.54	<b>\$34.63</b>	<b>A</b>
<b>Total for Claim #10334829487000</b>		\$442.00	\$173.17	\$138.54	<b>\$34.63</b>	<b>B</b>

**Continued →**

### Notes for Claims Above

- A** Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- B** **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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 6

**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 portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier (E0431-RR) Rental	Yes	\$117.61	\$28.77	\$23.02	\$5.75	C
<b>Total for Claim #10334829489000</b>		\$117.61	\$28.77	\$23.02	\$5.75	D

**June 12, 2011****Prof Healing Solutions, (555) 555-1234**

2497 S Roane St, Ste 220, Harriman, TN 37748-8689

Ordered by Barry Dick

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
63 conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches (A6446-A1)	Yes	\$31.00	\$27.09	\$21.67	\$5.42	
<b>Total for Claim #10323807216000</b>		\$31.00	\$27.09	\$21.67	\$5.42	D

**Notes for Claims Above**

- C** Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- D** **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.

Jennifer Washington

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**July 6 – August 8, 2011****Walgreen Co, (555) 555-1234**

PO BOX 90482, Chicago, IL 60696-0482

Ordered by Patrick T Burns

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
2 blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (A4253-NUKX) Specific Required Documentation	Yes	\$124.99	\$77.56	\$62.05	<b>\$15.51</b>	
<b>Total for Claim #10320806344000</b>		\$124.99	\$77.56	\$62.05	<b>\$15.51</b>	<b>E</b>

**Notes for Claims Above**

**E 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.

# How to Handle Denied Claims or File an Appeal

## Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item 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, 2012**

## 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 help appointing a representative.

**Call your supplier:** Ask your supplier 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 item(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 supplier 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 Contractor Name**  
**Street Address**  
**City, ST 12345-6789**