



# Medicare Summary Notice

for Part A (Hospital Insurance) and 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	XXX-XX-1234A
Date of This Notice	December 16, 2011
Claims Processed Between	October 15 – December 15, 2011

## Your Claims & Costs This Period

Did Medicare Approve All Claims and Services?	YES
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See page 2 for how to double-check this notice.

Total You May Be Billed	\$119,607.64
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## Your Deductible Status

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

**Part A Deductible:** You have now met your **\$1,068.00** deductible for **inpatient hospital** services for the benefit period that began June 18, 2010.

**Part B Deductible:** You have met your **\$162.00** deductible for 2011.

## Facilities and Providers with Claims This Period

July 29 – September 3, 2011

**Otero Hospital**

September 20 – October 10, 2011

**Heartland Home Health Care**

October 20 – November 23, 2011

**The New York and Presbyterian Hospital**

## 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 facility?** Check the dates.

**Did you get the claims 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 facility 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 “hospital 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**.

## Your Benefit Periods

Your hospital and skilled nursing facility (SNF) stays are measured in **benefit days** and **benefit periods**. Every day that you spend in a hospital or SNF counts toward the benefit days in that benefit period. A benefit period begins the day you first receive inpatient hospital services or, in certain circumstances, SNF services, and ends when you haven't received any inpatient care in a hospital or inpatient skilled care in a SNF for 60 days in a row.

**Inpatient Hospital:** You have used all of your 90 covered benefit days for the benefit period that began June 18, 2010.

**Inpatient Lifetime Reserve:** You have used all of your 60 lifetime reserve days.

See your “Medicare & You” handbook for more information on benefit periods.

## 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 Inpatient Claims for Part A (Hospital Insurance)

Part A Inpatient 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.

### Definitions of Columns

**Benefit Days Used:** The number of covered benefit days you used during each hospital and/or skilled nursing facility stay. (See page 2 for more information and a summary of your benefit periods.)

**Claim Approved?:** This column tells you if Medicare covered the inpatient stay.

**Non-Covered Charges:** This is the amount Medicare didn't pay.

**Amount Medicare Paid:** This is the amount Medicare paid your inpatient facility.

**Maximum You May Be Billed:** The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and other charges.

For more information about Medicare Part A coverage, see your "Medicare & You" handbook.

### July 29 – September 3, 2011

The New York and Presbyterian Hospital, (555) 555-1234

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

Referred by Jesse Wilt

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting June 18, 2009	13 days	Yes	\$112,431.00	\$13,477.52	<b>\$119,373.00</b>	<b>A</b>
<b>Total for Claim #20905400034102</b>			\$112,431.00	\$13,477.52	<b>\$119,373.00</b>	<b>B,C</b>

Continued →

### Notes for Claims Above

- A** Services after 08/10/09 cannot be paid because your benefits were exhausted.
- B** 13 of the Benefit Days were charged to your Lifetime Reserve Day benefit.
- C** This service is paid at 100% of the Medicare approved amount.

# Your Outpatient Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for outpatient care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

## Definitions of Columns

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

**Amount Facility Charged:** This is your facility’s fee for this service.

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

facility 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 the facility. This is usually 80% of the Medicare-approved amount.

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

### October 20 – November 23, 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	\$0.00	D
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	D
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	D
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	D
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	D
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	D
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	D

Claim #21035000422104NYA

(continued)

**Continued →**

## Notes for Claims Above

**D** This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 5 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

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	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	E
Drug screen (80101)	Yes	81.68	81.68	81.68	0.00	E,F
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	0.00	E
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	0.00	E
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	0.00	E
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	0.00	E

Claim #21035000422104NYA

(continued)

Continued →

## Notes for Claims Above

- E** This service is paid at 100% of the Medicare approved amount.
- F** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of LCD #L27375.

October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	0.00	G
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	0.00	G
Manual urinalysis test with examination using microscope (81001)	Yes	94.82	94.82	94.82	0.00	G
Automated urinalysis test (81003)	Yes	36.38	36.38	36.38	0.00	G
Urine chloride level (82436)	Yes	44.10	44.10	44.10	0.00	G
Urine chloride level (82436)	Yes	44.10	44.10	44.10	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	G
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	0.00	G
Blood gases measurement (82805)	Yes	242.56	242.56	242.56	0.00	G
Chemical analysis using spectrophotometry (light) (84311)	Yes	347.29	347.29	347.29	0.00	G
Chemical analysis using spectrophotometry (light) (84311)	Yes	347.29	347.29	347.29	0.00	G
Thyroxine (thyroid chemical) measurement (84439)	Yes	151.04	151.04	151.04	0.00	G
Thyroid hormone, T3 measurement (84481)	Yes	256.88	256.88	256.88	0.00	G

Claim #21035000422104NYA

(continued)

**Continued →**

Notes for Claims Above

G This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 7 of 26

October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Red blood cell concentration measurement (85014)	Yes	19.85	19.85	19.85	0.00	H
Red blood cell concentration measurement (85014)	Yes	59.55	59.55	59.55	0.00	H
Red blood cell concentration measurement (85014)	Yes	39.70	39.70	39.70	0.00	H
Red blood cell concentration measurement (85014)	Yes	39.70	39.70	39.70	0.00	H
Red blood cell concentration measurement (85014)	Yes	39.70	39.70	39.70	0.00	H
Red blood cell concentration measurement (85014)	Yes	39.70	39.70	39.70	0.00	H
Red blood cell concentration measurement (85014)	Yes	59.55	59.55	59.55	0.00	H
Red blood cell concentration measurement (85014)	Yes	39.70	39.70	39.70	0.00	H
Red blood cell concentration measurement (85014)	Yes	39.70	39.70	39.70	0.00	H
Hemoglobin measurement (85018)	Yes	12.78	12.78	12.78	0.00	H
Hemoglobin measurement (85018)	Yes	38.34	38.34	38.34	0.00	H
Hemoglobin measurement (85018)	Yes	25.56	25.56	25.56	0.00	H
Hemoglobin measurement (85018)	Yes	25.56	25.56	25.56	0.00	H
Hemoglobin measurement (85018)	Yes	25.56	25.56	25.56	0.00	H
Hemoglobin measurement (85018)	Yes	25.56	25.56	25.56	0.00	H
Hemoglobin measurement (85018)	Yes	38.34	38.34	38.34	0.00	H
Hemoglobin measurement (85018)	Yes	25.56	25.56	25.56	0.00	H
Hemoglobin measurement (85018)	Yes	25.56	25.56	25.56	0.00	H
Heparin assay (85520)	Yes	1,188.50	1,188.50	1,188.50	0.00	H
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	H
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	H
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	H

Claim #21035000422104NYA

(continued)

**Continued →**

**Notes for Claims Above**

**H** This service is paid at 100% of the Medicare approved amount.

**Jennifer Washington****October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	I
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	I
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	I
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	I
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	I
Coagulation assessment blood test (85730)	Yes	54.02	54.02	54.02	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Coagulation assessment blood test (85730)	Yes	108.04	108.04	108.04	0.00	I
Blood group typing (ABO) (86900)	Yes	24.00	24.00	24.00	2.60	
Blood group typing (ABO) (86900)	Yes	24.00	24.00	24.00	2.60	
Blood group typing (ABO) (86900)	Yes	24.00	24.00	24.00	2.60	

**Claim #21035000422104NYA**

(continued)

**Continued →****Notes for Claims Above**

I This service is paid at 100% of the Medicare approved amount.

October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood group typing (ABO) (86900)	Yes	24.00	24.00	24.00	2.60	
Blood group typing (ABO) (86900)	Yes	24.00	24.00	24.00	2.60	
Stool culture (87046)	Yes	50.72	50.72	50.72	0.00	J
Bacterial culture (87070)	Yes	108.05	108.05	108.05	0.00	J
Screening test for pathogenic organisms (87081)	Yes	72.77	72.77	72.77	0.00	J
Screening test for pathogenic organisms (87081)	Yes	72.77	72.77	72.77	0.00	K
Screening test for pathogenic organisms (87081)	Yes	72.77	72.77	72.77	0.00	J
Screening test for pathogenic organisms (87081)	Yes	72.77	72.77	72.77	0.00	J
Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral) (87081)	Yes	62.84	62.84	62.84	0.00	J
Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral) (87081)	Yes	62.84	62.84	62.84	0.00	J
Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral) (87081)	Yes	62.84	62.84	62.84	0.00	J
Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral) (87081)	Yes	125.68	125.68	125.68	0.00	J
Special stain for microorganism (87205)	Yes	88.20	88.20	88.20	0.00	J
Special stain for microorganism (87205)	Yes	264.60	264.60	264.60	0.00	J
Special stain for microorganism (87205)	Yes	176.40	176.40	176.40	0.00	J
Special stain for microorganism (87205)	Yes	176.40	176.40	176.40	0.00	J

Claim #21035000422104NYA

(continued)

Continued →

Notes for Claims Above

- J This service is paid at 100% of the Medicare approved amount.
- K This item or service cannot be paid as billed.

Jennifer Washington

THIS IS NOT A BILL | Page 10 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Item Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Special stain for microorganism (87205)	Yes	352.80	352.80	352.80	0.00	L
Tissue culture inoculation for virus isolation (87252)	Yes	243.65	243.65	243.65	0.00	L
Detection test for Adenovirus (virus) (87260)	Yes	39.69	39.69	39.69	0.00	L
Detection test for Parainfluenza virus (87279)	Yes	119.07	119.07	119.07	0.00	L
Detection test for Varicella (chicken pox) zoster virus (87290)	Yes	70.38	70.38	70.38	0.00	L
Immunologic analysis for detection of organism (87449)	Yes	156.56	156.56	156.56	0.00	L
Immunologic analysis for detection of organism (87449)	Yes	156.56	156.56	156.56	0.00	L
Detection test for; cytomegalovirus, quantification (87497)	Yes	574.40	574.40	574.40	0.00	L
Detection test for; cytomegalovirus, quantification (87497)	Yes	574.40	574.40	574.40	0.00	L
Detection test for; cytomegalovirus, quantification (87497)	Yes	574.40	574.40	574.40	0.00	L
Detection test for; cytomegalovirus, quantification (87497)	Yes	574.40	574.40	574.40	0.00	L
Detection test for; cytomegalovirus, quantification (87497)	Yes	574.40	574.40	574.40	0.00	L
Detection test for; cytomegalovirus, quantification (87497)	Yes	574.40	574.40	574.40	0.00	L
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	L
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	L
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	L
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	L

Claim #21035000422104NYA

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## Notes for Claims Above

L This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 11 of 26

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	60.64	60.64	60.64	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	181.92	181.92	181.92	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	181.92	181.92	181.92	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	181.92	181.92	181.92	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	M
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	M

**Claim #21035000422104NYA**

(continued)

**Continued →**

**Notes for Claims Above**

**M** This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 12 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	181.92	181.92	181.92	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Blood test, basic group of blood chemicals (80048)	Yes	121.28	121.28	121.28	0.00	N
Alcohol (ethanol) level (82055)	Yes	116.87	116.87	116.87	0.00	N
Ammonia level (82140)	Yes	72.77	72.77	72.77	0.00	N
Ammonia level (82140)	Yes	72.77	72.77	72.77	0.00	N
Amylase (enzyme) level (82150)	Yes	51.82	51.82	51.82	0.00	N
Calcium level (82330)	Yes	193.05	193.05	193.05	0.00	N,O
Calcium level (82330)	Yes	579.15	579.15	579.15	0.00	N,O
Calcium level (82330)	Yes	386.10	386.10	386.10	0.00	N,O

Claim #21035000422104NYA

(continued)

Continued →

## Notes for Claims Above

- N** This service is paid at 100% of the Medicare approved amount.
- O** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of LCD # L28209.

Jennifer Washington

THIS IS NOT A BILL | Page 13 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Calcium level (82330)	Yes	386.10	386.10	386.10	0.00	P,Q
Calcium level (82330)	Yes	386.10	386.10	386.10	0.00	P,Q
Calcium level (82330)	Yes	386.10	386.10	386.10	0.00	P,Q
Calcium level (82330)	Yes	579.15	579.15	579.15	0.00	P,Q
Calcium level (82330)	Yes	386.10	386.10	386.10	0.00	P,Q
Calcium level (82330)	Yes	386.10	386.10	386.10	0.00	P,Q
Creatinine level to test for kidney function or muscle injury (82570)	Yes	123.48	123.48	123.48	0.00	P
Creatinine level to test for kidney function or muscle injury (82570)	Yes	123.48	123.48	123.48	0.00	P
Creatinine level to test for kidney function or muscle injury (82570)	Yes	123.48	123.48	123.48	0.00	P
Cyanocobalamin (vitamin B-12) level (82607)	Yes	108.05	108.05	108.05	0.00	P
Cyanocobalamin (vitamin B-12) level (82607)	Yes	108.05	108.05	108.05	0.00	P
Folic acid level (82746)	Yes	144.43	144.43	144.43	0.00	P
Folic acid level (82746)	Yes	144.43	144.43	144.43	0.00	P
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	28.00	28.00	28.00	0.00	P
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	28.00	28.00	28.00	0.00	P
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	196.00	196.00	196.00	0.00	P
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	252.00	252.00	252.00	0.00	P

Claim #21035000422104NYA

(continued)

Continued →

## Notes for Claims Above

- P** This service is paid at 100% of the Medicare approved amount.
- Q** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of LCD # L28209.

**Jennifer Washington**

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	252.00	252.00	252.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	252.00	252.00	252.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	364.00	364.00	364.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	84.00	84.00	84.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	84.00	84.00	84.00	0.00	R
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	140.00	140.00	140.00	0.00	R

**Claim #21035000422104NYA**

(continued)

**Continued →**

**Notes for Claims Above**

**R** This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 15 of 26

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	112.00	112.00	112.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	84.00	84.00	84.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	112.00	112.00	112.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	56.00	56.00	56.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	112.00	112.00	112.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	112.00	112.00	112.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	112.00	112.00	112.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	336.00	336.00	336.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	336.00	336.00	336.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	S
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	196.00	196.00	196.00	0.00	S

**Claim #21035000422104NYA**

(continued)

**Continued →**

**Notes for Claims Above**

**S** This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 16 of 26

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	T
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	280.00	280.00	280.00	0.00	T
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	280.00	280.00	280.00	0.00	T
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	336.00	336.00	336.00	0.00	T
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	364.00	364.00	364.00	0.00	T
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	308.00	308.00	308.00	0.00	T
Blood glucose (sugar) test performed by hand-held instrument (92962)	Yes	140.00	140.00	140.00	0.00	T
Glutaryltransferase (liver enzyme) level (82977)	Yes	88.20	88.20	88.20	0.00	T
Glutaryltransferase (liver enzyme) level (82977)	Yes	88.20	88.20	88.20	0.00	T
Glutaryltransferase (liver enzyme) level (82977)	Yes	88.20	88.20	88.20	0.00	T
Glutaryltransferase (liver enzyme) level (82977)	Yes	88.20	88.20	88.20	0.00	T
Glutaryltransferase (liver enzyme) level (82977)	Yes	88.20	88.20	88.20	0.00	T
Haptoglobin (serum protein) level (83010)	Yes	76.07	76.07	76.07	0.00	T
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	T
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	T

**Claim #21035000422104NYA**

(continued)

**Continued →****Notes for Claims Above****T** This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 17 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactic acid level (83605)	Yes	184.12	184.12	184.12	0.00	U
Lactate dehydrogenase (enzyme) level (83615)	Yes	69.46	69.46	69.46	0.00	U
Lipase (fat enzyme) level (83690)	Yes	38.59	38.59	38.59	0.00	U
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	97.02	97.02	97.02	0.00	U,W
Magnesium level (83735)	Yes	291.06	291.06	291.06	0.00	U,W

Claim #21035000422104NYA

(continued)

Continued →

## Notes for Claims Above

**U** This service is paid at 100% of the Medicare approved amount.

**W** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of LCD # L27375.



Jennifer Washington

THIS IS NOT A BILL | Page 19 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Phosphate level (84100)	Yes	72.77	72.77	0.00	0.00	Z
Phosphate level (84100)	Yes	218.31	218.31	0.00	0.00	Z
Phosphate level (84100)	Yes	218.31	218.31	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	218.31	218.31	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Phosphate level (84100)	Yes	145.54	145.54	0.00	0.00	Z
Urine potassium level (84133)	Yes	34.18	34.18	0.00	0.00	Z
Urine potassium level (84133)	Yes	34.18	34.18	0.00	0.00	Z
Urine sodium level (84300)	Yes	31.97	31.97	0.00	0.00	Z
Urine sodium level (84300)	Yes	31.97	31.97	0.00	0.00	Z
Urine sodium level (84300)	Yes	31.97	31.97	0.00	0.00	Z
Blood test, thyroid stimulating hormone (TSH) (84443)	Yes	153.80	153.80	0.00	0.00	Z
Troponin (protein) analysis (84484)	Yes	183.02	183.02	0.00	0.00	Z
Troponin (protein) analysis (84484)	Yes	183.02	183.02	0.00	0.00	Z
Troponin (protein) analysis (84484)	Yes	83.02	83.02	0.00	0.00	Z
Troponin (protein) analysis (84484)	Yes	83.02	83.02	0.00	0.00	Z
Troponin (protein) analysis (84484)	Yes	83.02	83.02	0.00	0.00	Z
Urea nitrogen level to assess kidney function (84540)	Yes	169.79	169.79	0.00	0.00	Z
Syphilis detection test (86592)	Yes	73.87	73.87	0.00	0.00	Z
Detection test for Influenza virus, A or B (87400)	Yes	140.76	140.76	0.00	0.00	Z

Claim #21035000422104NYA

(continued)

Continued →

## Notes for Claims Above

Z This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 20 of 26

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	48.51	48.51	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85025)	Yes	97.02	97.02	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	b
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	a
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	a

**Claim #21035000422104NYA**

(continued)

**Continued →****Notes for Claims Above**

- a** This service is paid at 100% of the Medicare approved amount.
- b** This item or service cannot be paid as billed.

Jennifer Washington

THIS IS NOT A BILL | Page 21 of 26

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	37.11	37.11	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	74.22	74.22	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	74.22	74.22	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	111.33	111.33	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	74.22	74.22	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	74.22	74.22	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	111.33	111.33	0.00	0.00	c
Complete blood cell count (red cells, white blood cell, platelets), automated test (85027)	Yes	111.33	111.33	0.00	0.00	c

**Claim #21035000422104NYA**

(continued)

**Continued →****Notes for Claims Above**

c This service is paid at 100% of the Medicare approved amount.

October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Coagulation function measurement (85379)	Yes	136.71	136.71	0.00	0.00	d
Coagulation function measurement (85379)	Yes	136.71	136.71	0.00	0.00	d
Coagulation function measurement (85379)	Yes	136.71	136.71	0.00	0.00	d
Fibrinogen (Factor 1) antigen detection (85385)	Yes	44.10	44.10	0.00	0.00	d
Fibrinogen (Factor 1) antigen detection (85385)	Yes	44.10	44.10	0.00	0.00	d
Fibrinogen (Factor 1) antigen detection (85385)	Yes	44.10	44.10	0.00	0.00	d
Fibrinogen (Factor 1) antigen detection (85385)	Yes	44.10	44.10	0.00	0.00	d
Fibrinogen (Factor 1) antigen detection (85385)	Yes	88.20	88.20	0.00	0.00	d
Fibrinogen (Factor 1) antigen detection (85385)	Yes	88.20	88.20	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	37.49	37.49	0.00	0.00	d
Blood test, clotting time (85610)	Yes	74.98	74.98	0.00	0.00	d
Blood test, clotting time (85610)	Yes	74.98	74.98	0.00	0.00	d
Blood test, clotting time (85610)	Yes	74.98	74.98	0.00	0.00	d
Blood test, clotting time (85610)	Yes	74.98	74.98	0.00	0.00	d
Blood test, clotting time (85610)	Yes	74.98	74.98	0.00	0.00	d
Blood test, clotting time (85610)	Yes	74.98	74.98	0.00	0.00	d

Claim #21035000422104NYA

(continued)

Continued →

Notes for Claims Above

d This service is paid at 100% of the Medicare approved amount.

Jennifer Washington

THIS IS NOT A BILL | Page 23 of 26

## October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Bacterial blood culture (87040)	Yes	131.13	131.13	131.13	0.00	e
Bacterial blood culture (87040)	Yes	232.26	232.26	232.26	0.00	f
Bacterial blood culture (87040)	Yes	232.26	232.26	232.26	0.00	f
Bacterial blood culture (87040)	Yes	232.26	232.26	232.26	0.00	f
Stool culture (87045)	Yes	91.51	91.51	91.51	0.00	f
Bacterial culture (87070)	Yes	108.05	108.05	108.05	0.00	f
Bacterial culture (87070)	Yes	108.05	108.05	108.05	0.00	f
Bacterial culture (87070)	Yes	108.05	108.05	108.05	0.00	f
Bacterial culture and colony count for anaerobic bacteria (87073)	Yes	121.25	121.25	121.25	0.00	f
Bacterial urine culture (87088)	Yes	34.18	34.18	34.18	0.00	f
Bacterial urine culture (87088)	Yes	34.18	34.18	34.18	0.00	f
Bacterial urine culture (87088)	Yes	68.36	68.36	68.36	0.00	f
Fungal blood culture (mold or yeast) (87103)	Yes	113.93	113.93	113.93	0.00	f
Smear for parasites (87177)	Yes	104.74	104.74	104.74	0.00	f
Immunologic analysis for detection of organism (87449)	Yes	156.56	156.56	156.56	0.00	f
Immunologic analysis for detection of organism (87449)	Yes	156.56	156.56	156.56	0.00	f
Detection test for organism (87798)	Yes	511.56	511.56	511.56	0.00	f
Detection test for organism (87798)	Yes	1,534.68	1,534.68	1,534.68	0.00	f
Special stained specimen slides to identify organisms (88312)	Yes	166.48	166.48	166.48	6.10	
Cell examination of specimen (88112)	Yes	155.45	155.45	155.45	12.79	
Special stain for parasites (87209)	Yes	69.46	69.46	69.46	0.00	f
Pathology examination of tissue using a microscope, moderately high complexity (88307)	Yes	339.57	339.57	339.57	18.47	
Special stained specimen slides to identify organisms (88312)	Yes	998.88	998.88	998.88	36.60	

Claim #21035000422104NYA

(continued)

Continued →

## Notes for Claims Above

- e This service is paid at 100% of the Medicare approved amount.
- f This item or service cannot be paid as billed.

Jennifer Washington

THIS IS NOT A BILL | Page 24 of 26

**October 20 – November 23, 2011/The New York and Presbyterian Hospital continued...**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Tissue or cell analysis by immunologic technique (88342)	Yes	255.78	255.78	255.78	<b>0.00</b>	<b>g,h</b>
Xray of abdomen, single view (74000)	Yes	213.06	213.06	213.06	<b>10.55</b>	
Xray of abdomen, single view (74000)	Yes	213.06	213.06	213.06	<b>10.55</b>	
Xray of abdomen, single view (74000)	Yes	213.06	213.06	213.06	<b>10.55</b>	
Xray of chest, 1 view, front (71010)	Yes	667.01	667.01	667.01	<b>21.09</b>	
Xray of chest, 1 view, front (71010)	Yes	1,124.55	1,124.55	1,124.55	<b>31.64</b>	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	<b>10.55</b>	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	<b>10.55</b>	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	<b>10.55</b>	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	<b>10.55</b>	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	<b>10.55</b>	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	<b>10.55</b>	
<b>Total for Claim #21035000422104NYA</b>		<b>\$63,960.35</b>	<b>\$63,960.35</b>	<b>\$63,960.35</b>	<b>\$234.64</b>	

**Continued →**

**Notes for Claims Above**

- g** Medicare cannot pay for this service for the diagnosis shown on the claim.
- h** You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'Maximum You May Be Billed' column.

## Your Home Health Claims for Part A (Hospital Insurance)

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.

### Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the home health 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 the 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. This is usually \$0. For durable medical equipment, it can include 20% of the Medicare-approved amount. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

### September 10 – October 20, 2011

Heartland Home Health Care, (555) 555-1234

4855 W Hillsboro Blvd, Suite B-4, Coconut Creek, FL 33073-4356

Referred by Marta Lacayo

Quantity & Service Provided	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
6 Physical Therapy	Yes	\$1,200.00	\$2,093.37	\$2,093.37	\$0.00	
1 Occupation Therapy	Yes	200.00	200.00	200.00	0.00	
4 Skilled Nursing	Yes	720.00	920.00	920.00	0.00	
<b>Total for Claim #20022000001804NYR</b>		<b>\$2,120.00</b>	<b>\$3,213.37</b>	<b>\$3,213.37</b>	<b>\$0.00</b>	<b>i</b>

### Notes for Claims Above

- i What Medicare pays for a service or item may be higher than the billed amount. The Medicare payment amount is correct. Medicare pays this provider less than the billed amount on other claims since payment rates are set in advance for certain services and averaged out over an entire year.

# How to Handle Denied Claims or File an Appeal

## Get More Details

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

**Call your facility:** Ask your facility 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 facility 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**