



Medicare Summary Notice for Part A (Hospital 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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Claims? YES

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

Total You May Be Billed	\$2,062.50
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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 May 27, 2011.

Facilities with Claims This Period

June 18 – June 29, 2011

Otero Hospital

July 1 – July 18, 2011

Lexington Health Center

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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 **\$4.2 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 **56 out of 90 covered benefit days** remaining for the benefit period that began May 27, 2011.

Skilled Nursing Facility: You have **63 out of 100 covered benefit days** remaining for the benefit period that began May 27, 2011.

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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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.

June 18 – June 21, 2011

Otero Hospital, (555) 555-1234

PO Box 1142, Manati, PR 00674

Referred by Jesus Sarmiento Forasti

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	4 days	Yes	\$0.00	\$4,886.98	\$0.00	
Total for Claim #20905400034102			\$0.00	\$4,886.98	\$0.00	A

June 29, 2011

Otero Hospital, (555) 555-1234

PO Box 1142, Manati, PR 00674

Referred by Carlos Santiago Diaz

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	1 day	Yes	\$0.00	\$6,583.00	\$0.00	
Total for Claim #20906900033902			\$0.00	\$6,583.00	\$0.00	A

Continued →

Notes for Claims Above

A Days are being subtracted from your total inpatient hospital benefits for this benefit period. The "Your Benefit Periods" section on page 2 has more details.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

July 1 – July 18, 2011

Lexington Health Center, (555) 555-1234

815e Irving Park Rd, Streamwood, IL 60107-3073

Referred by Warren Pierce

	Benefit Days Used	Claim Approved?	Non- Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	17 days	Yes	\$0.00	\$7,012.27	\$2,062.50	
Total for Claim #21034400232702ILA			\$0.00	\$7,012.27	\$2,062.50	B,C

Notes for Claims Above

- B** Days are being subtracted from your total skilled nursing facility benefits for this benefit period. The "Your Benefit Periods" section on page 2 has more details.
- C** \$2,062.50 was applied to your skilled nursing facility coinsurance.

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, 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 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.

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



Medicare Summary Notice for Part A (Hospital Insurance)

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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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Claims?	NO
Number of Services Medicare Denied	2
See claims starting on page 3. Look for NO in the “Claim Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$2,062.50

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 May 27, 2011.

Facilities with Claims This Period

June 18 – June 29, 2011

Otero Hospital

July 1 – July 18, 2011

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Medicare Summary Notice for Part B (Medical Insurance)

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

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TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

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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 Claims & Costs This Period

Did Medicare Approve All Services?	YES
See page 2 for how to double-check this notice.	
Total You May Be Billed	\$0.00

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.

Facilities with Claims This Period

July 19 – August 22, 2011

The New York and Presbyterian Hospital

Be Informed!

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Making the Most of Your Medicare

How to Check This Notice

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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

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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.

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

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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 the 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.

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	\$0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A

Claim #21035000422104NYA

(continued)

Continued →

Notes for Claims Above

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

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

July 19 – August 22, 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	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	B
Drug screen (80101)	Yes	81.68	81.68	81.68	0.00	B,C
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	0.00	B
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	0.00	B
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	0.00	B
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	0.00	B

Claim #21035000422104NYA

(continued)

Continued →

Notes for Claims Above

- B** This service is paid at 100% of the Medicare-approved amount.
- C** 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 5 of 6

July 19 – August 22, 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	D
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	0.00	D
Manual urinalysis test with examination using microscope (81001)	Yes	94.82	94.82	94.82	0.00	D
Automated urinalysis test (81003)	Yes	36.38	36.38	36.38	0.00	D
Urine chloride level (82436)	Yes	44.10	44.10	44.10	0.00	D
Urine chloride level (82436)	Yes	44.10	44.10	44.10	0.00	D
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	D
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	0.00	D
Blood gases measurement (82805)	Yes	485.12	485.12	485.12	0.00	D
Blood gases measurement (82805)	Yes	606.40	606.40	606.40	0.00	D
Blood gases measurement (82805)	Yes	606.40	606.40	606.40	0.00	D
Blood gases measurement (82805)	Yes	485.12	485.12	485.12	0.00	D
Blood gases measurement (82805)	Yes	485.12	485.12	485.12	0.00	D
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	0.00	D
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	0.00	D
Blood gases measurement (82805)	Yes	242.84	242.84	242.84	0.00	D
Blood gases measurement (82805)	Yes	242.56	242.56	242.56	0.00	D
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	0.00	D
Blood gases measurement (82805)	Yes	242.56	242.56	242.56	0.00	D
Chemical analysis using spectrophotometry (light) (84311)	Yes	347.29	347.29	347.29	0.00	D
Chemical analysis using spectrophotometry (light) (84311)	Yes	347.29	347.29	347.29	0.00	D
Thyroxine (thyroid chemical) measurement (84439)	Yes	151.04	151.04	151.04	0.00	D
Total for Claim #21035000422104NYA		\$7,672.94	\$7,672.94	\$7,915.50	\$0.00	

Notes for Claims Above

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

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, 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 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.

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



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JENNIFER WASHINGTON
 TEMPORARY ADDRESS NAME
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 CITY, ST 12345-6789

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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 Claims & Costs This Period

Did Medicare Approve All Services?	YES
See page 2 for how to double-check this notice.	
Total You May Be Billed	\$0.00

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 did not have inpatient hospital claims this claim period, so you did not have to pay towards the Part A deductible.

Providers with Claims This Period

June 23 – June 30, 2011
Allina Health System

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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 a visit or service that day?

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.

Your Messages from Medicare

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

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Your Hospice 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 hospice 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, but can include copayments for outpatient prescription drugs, as well as 5% of the Medicare-approved amount for inpatient respite care. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

June 23 – June 30, 2011

Alina Health System, (555) 555-1234

1055 Westgate Drive, Suite 100, St. Paul, MN 55114-1451

Referred by Deb Burgymd

Quantity & Service Provided	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
4 Routine Home Care, weeks 12 Skilled Nursing Visits 12 Medical Social Visits	Yes	\$2,000.00	\$0.00	\$0.00	\$0.00	A
40 Continuous Home Health Care, hours 5 Skilled Nursing Visits	Yes	3,000.00	0.00	0.00	0.00	A
Total for Claim #21122800455102MNR		\$5,000.00	\$0.00	\$0.00	\$0.00	

Notes for Claims Above

A 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.

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, 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 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

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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 Contractor Name
Street Address
City, ST 12345-6789



Medicare Summary Notice for Part A (Hospital 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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

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

Total You May Be Billed	\$0.00
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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 did not have inpatient hospital claims this claim period, so you did not have to pay towards the Part A deductible.

Be Informed!

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Providers with Claims This Period

July 15 – August 10, 2011

Heartland Home Health Care

¿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 doctor or provider? Check the dates. Did you have a visit or service that day?

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.

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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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 **\$4.2 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 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.

July 15 – August 10, 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	
Total for Claim #20022000001804NYR		\$2,120.00	\$3,213.37	\$3,213.37	\$0.00	A

Notes for Claims Above

A 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

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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.

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January 14, 2012

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Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

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- 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



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

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 NO in the “Service Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$150.86

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.

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.

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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 **\$4.2 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

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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 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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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 the 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 minut (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
Total for Claim #02-10195-592-677		\$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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

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	\$21.59	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	0.00	B
Total for Claim #02-10195-592-390		\$143.00	\$107.97	\$86.38	\$21.59	C

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
June 29, 2011						
Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report (93010)	NO	\$55.00	\$0.00	\$0.00	\$55.00	D,E
June 30, 2011						
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	D
Total for Claim #02-10204-674-840		\$123.56	\$0.00	\$0.00	\$123.56	C

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** 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 #L27490.

How to Handle Denied Claims or File an Appeal

Get More Details

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Your or your representative's signature

Your telephone number

--	--	--	--	--	--	--	--	--	--

Your complete Medicare number

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Medicare Claims Office
c/o Contractor Name
Street Address
City, ST 12345-6789



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

Your Claims & Costs This Period

Did Medicare Approve All Claims?	YES
See page 2 for how to double-check your notice.	
Total You May Be Billed	\$150.86

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.

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.

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TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

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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 Claims & Costs This Period

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
See claims starting on page 3. Look for NO in the “Service Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$80.88

Your Deductible Status

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Providers with Claims This Period

June 18, 2011

Steven Thiele D C

June 28, 2011

Leo Zygelman, CH

June 29, 2011

Joshua Richards, M.D.

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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.

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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**.

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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 for a personalized list.

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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.

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

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

Your Unassigned Claims for Part B (Medical Insurance)

Medicare claims may be assigned or unassigned. Your claims below are **unassigned**—meaning the provider hasn’t agreed to accept the Medicare-approved amount as payment in full.

Do Unassigned Claims Cost More? Maybe. A provider who doesn’t accept assignment may charge you up to 15% over the Medicare-approved amount. This is known as the **limiting charge**. You may have to pay this amount, or it may be covered by another insurer.

For a list of providers that always accept Medicare assignment, visit www.medicare.gov/physician or call 1-800-MEDICARE (1-800-633-4227). You may save money by choosing providers who accept assignment.

Definitions of Columns

Service Approved?: This column tells you if Medicare covered the 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. Since your provider hasn’t agreed to accept assignment, you might be charged up to 15% more than this amount. Medicare usually pays 80% of the Medicare-approved amount.

Medicare Paid You: When a provider doesn’t accept assignment, Medicare pays you directly. You’ll usually get 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

Steven Thiele D C, (555) 555-1234

Orange Chiropractic, 370 Boston Post Rd, Orange, CT 06477-3534

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Chiropractic manipulative treatment, 3 to 4 spinal regions (98941-GA)	Yes	\$65.00	\$35.55	\$0.00	\$40.88	A,B
Total for Claim #02-11040-017-700		\$65.00	\$35.55	\$0.00	\$40.88	C

Continued →

Notes for Claims Above

- A** This approved amount has been applied toward your deductible.
- B** Your doctor did not accept assignment for this service. Under Federal law, your doctor cannot charge more than \$40.88. If you have already paid more than this amount, you are entitled to a refund from the provider.
- 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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

June 28, 2011**Leo Zygelman, CH, (555) 555-123**

200 West Center St, Manchester CT 06040-0000

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Chiropractic manipulative treatment, 3 to 4 spinal regions (98941-GA)	NO	\$40.00	\$0.00	\$0.00	\$40.00	D
Total for Claim #02-11040-307-640		\$40.00	\$0.00	\$0.00	\$40.00	E

June 29, 2011**Joshua Richards, M.D., (555) 555-1234**

848 Scioto St, Urbana, OH 43078-2255

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Established patient office or other outpatient visit (98213-GA)	Yes	\$64.00	\$64.00	\$0.00	\$0.00	F,G
Total for Claim #02-11040-517-100		\$64.00	\$64.00	\$0.00	\$0.00	E

Notes for Claims Above

- D This service was denied.** The information provided does not support the need for this service or item.
- 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.
- F** This approved amount has been applied toward your deductible.
- G** The amount in the 'Maximum You May Be Billed' column has been reduced by the amount you paid the provider at the time the services were rendered.

How to Handle Denied Claims or File an Appeal

Get More Details

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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 Contractor Name
Street Address
City, ST 12345-6789



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

Your Claims & Costs This Period

Did Medicare Approve All Items and Services?	YES
--	-----

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

Total You May Be Billed	\$61.31
--------------------------------	----------------

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!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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 **\$4.2 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 the item or service.

Amount Supplier Charged: This is your supplier's fee for the 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	\$34.63	A
Total for Claim #10334829487000		\$442.00	\$173.17	\$138.54	\$34.63	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
Total for Claim #10334829489000		\$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	
Total for Claim #10323807216000		\$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

THIS IS NOT A BILL | Page 5 of 6

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	\$15.51	
Total for Claim #10320806344000		\$124.99	\$77.56	\$62.05	\$15.51	E

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.

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.
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Medicare Claims Office
c/o Contractor Name
Street Address
City, ST 12345-6789



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

Your Claims & Costs This Period

Did Medicare Approve All Items and Services?	NO
Number of Items or Services Medicare Denied	2
See claims starting on page 3. Look for NO in the “Item/Service Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$61.31

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

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

Your Claims & Costs This Period

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

Total You May Be Billed	\$199.15
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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.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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 **\$4.2 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 Unassigned Claims for Part B (Medical Insurance)

Medicare claims may be assigned or unassigned. Your claims below are **unassigned**—meaning the supplier hasn't agreed to accept the Medicare-approved amount as payment in full.

Do Unassigned Claims Cost More? Maybe. A supplier who doesn't accept assignment may charge you more than the Medicare-approved amount. You might have to pay the entire charge at the time of service, then wait for Medicare to pay you the Medicare-approved amount. Suppliers who accept assignment charge you only Medicare's deductible and coinsurance amount and wait for Medicare to pay its share.

For a list of suppliers that always accept Medicare assignment, visit www.medicare.gov/supplier or call 1-800-MEDICARE (1-800-633-4227). You may save money by choosing suppliers who accept assignment.

Definitions of Columns

Item/Service Approved?: This column tells you if Medicare covered the 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. Since your supplier hasn't agreed to accept assignment, you might be charged more than this amount (see **Do Unassigned Claims Cost More?** to your left). Medicare usually pays 80% of the Medicare-approved amount.

Medicare Paid You: When a supplier doesn't accept assignment, Medicare pays you directly. You'll usually get 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.

For more information about Medicare assignment, see your "Medicare & You" handbook.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

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	Medicare Paid You	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	\$199.15	
Total for Claim #10356729487001		\$442.00	\$173.17	\$138.54	\$199.15	A,B,C

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.
- B** The approved amount is based on a special payment method.
- C** Your supplier did not accept assignment for this service. Under federal law, your supplier cannot charge more than \$199.15. If you have already paid more than this amount, you are entitled to a refund from the supplier.

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.

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



Medicare Summary Notice

for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the RRB Specialty Medicare Administrative Contractor

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

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	AXXXXX4567
Date of This Notice	September 16, 2012
Claims Processed Between	June 15 – September 15, 2012

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 NO in the “Service Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$150.86

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 **\$170.00** deductible for 2012.

Be Informed!

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Providers with Claims This Period

June 18, 2012
Susan Jones, M.D.

June 28, 2012
Craig I. Secosan, M.D.

June 29 – June 30, 2012
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 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”.

1-800-833-4455

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 1-800-833-4455

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 **\$4.2 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

1-800-833-4455

Your customer service code is 00882. Representatives are available 8:30 a.m. until 7:00 p.m. Eastern Time, Monday through Friday.

TTY 1-877-566-3572 (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 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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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, 2012

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 minut (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
Total for Claim #02-10195-592-677		\$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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

June 28, 2012**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	\$21.59	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	0.00	B
Total for Claim #02-10195-592-390		\$143.00	\$107.97	\$86.38	\$21.59	C

June 29 – June 30, 2012**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
June 29, 2011						
Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report (93010)	NO	\$55.00	\$0.00	\$0.00	\$55.00	D
June 30, 2011						
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	D
Total for Claim #02-10204-674-840		\$123.56	\$0.00	\$0.00	\$123.56	C

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.

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 1-800-833-4455 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, 2013

If You Need Help Filing Your Appeal

Contact us: Call 1-800-833-4455 or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing 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.palmettogba.com/rr/me.

File an Appeal in Writing

Follow these steps:

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- 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:

Railroad Medicare
c/o Palmetto GBA
Attn: Appeals Department
Street Address
City, ST 12345-6789



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

DUPLICATE COPY
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 Claims & Costs This Period

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

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.

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.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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)



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

Your Claims & Costs This Period

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

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 your **\$162.00** deductible for 2010.

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.

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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
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Your Claims & Costs This Period

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

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 your **\$162.00** deductible for 2010. You have now met **\$85.00** of your **\$162.00** deductible for 2011.

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.

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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 Claims & Costs This Period

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

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 your **\$162.00** deductible for 2008. You have now met your **\$162.00** deductible for 2009. You have now met **\$62.00** of your **\$162.00** deductible for 2011.

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.

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

Your Deductible Status

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

Part B Deductible: You did not have any payable claims this claim period, so you did not have to pay towards the Part B deductible.

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Providers with Claims This Period

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Susan Jones, M.D.

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

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

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



Medicare Summary Notice for Part A (Hospital 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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Claims?	NO
Number of Services Medicare Denied	2
See claims starting on page 3. Look for NO in the “Claim Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$0.00

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 **\$798.00** of your **\$1,068.00** deductible for **inpatient hospital** services for the benefit period that began May 27, 2011.

Facilities with Claims This Period

June 18 – June 20, 2011

Otero Hospital

June 29 – August 03, 2011

The New York and Presbyterian Hospital

Be Informed!

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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 **\$4.2 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 an SNF for 60 days in a row.

Inpatient Hospital: You have **27 out of 90 covered benefit days** remaining for the benefit period that began May 27, 2011.

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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.



Medicare Summary Notice

for Part A (Hospital 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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Claims?	NO
Number of Services Medicare Denied	2
See claims starting on page 3. Look for NO in the “Claim Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$2,062.50

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 **\$0.00** of your **\$1,068.00** deductible for **inpatient hospital** services for the benefit period that began June 5, 2010.

Facilities with Claims This Period

June 18 – June 20, 2011

Otero Hospital

June 29 – August 03, 2011

The New York and Presbyterian Hospital

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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 **\$4.2 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

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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 an SNF for 60 days in a row.

Inpatient Hospital: You have **27 out of 90 covered days** remaining for the benefit period that began June 5, 2010.

Skilled Nursing Facility: You have **63 out of 100 covered days** remaining for the benefit period that began June 5, 2010.

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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.



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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Claims?	NO
Number of Services Medicare Denied	2

See claims starting on page 3. Look for **NO** in the “Claim Approved?” column. See the last page for how to handle a denied claim.

Total You May Be Billed	\$2,062.50
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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 **\$0.00** of your **\$1,068.00** deductible for **inpatient hospital** services for the benefit period that began June 5, 2010.

Part B Deductible: You have now met your **\$162.00** deductible for 2009. You have now met your **\$162.00** deductible for 2010. You have now met **\$85.00** of your **\$162.00** deductible for 2011.

Facilities with Claims This Period

June 18 – June 20, 2011

Otero Hospital

June 29 – August 03, 2011

The New York and Presbyterian Hospital

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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.

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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 5, 2010.

Inpatient Lifetime Reserve: You have **37 days out of 60 reserve days** remaining.

Inpatient Mental Health: You have **185 days out of 190 mental health care days** remaining.

Skilled Nursing Facility: You have **63 days out of 100 covered days** remaining for the benefit period that began June 5, 2010.

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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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).

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Inpatient Hospital: You have used all of your 90 covered benefit days for the benefit period that began June 5, 2010.

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

Inpatient Mental Health: You have used all of your 190 mental health care days.

Skilled Nursing Facility: You have used all of your 100 covered benefit days for the benefit period that began June 5, 2010.

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.

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Medicare Summary Notice for Part A (Hospital 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	September 16, 2011
Claims Processed Between	June 15 – September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Claims?	NO
Number of Services Medicare Denied	1
See claims starting on page 3. Look for NO in the “Claim Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$0.00

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 did not have inpatient hospital claims this claim period, so you did not have to pay towards the Part A deductible.

Facilities with Claims This Period

June 18 – June 20, 2011
Otero Hospital

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for Part A (Hospital Insurance)

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THIS IS NOT A BILL

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Medicare Number	XXX-XX-1234A
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Your Claims & Costs This Period

Did Medicare Approve All Claims?	NO
Number of Services Medicare Denied	1
See claims starting on page 3. Look for NO in the “Claim Approved?” column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$0.00

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 did not have any payable claims this claim period, so you did not have to pay towards the Part A deductible.

Facilities with Claims This Period

June 18 – June 20, 2011
Otero Hospital

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

Making the Most of Your Medicare

How to Check This Notice

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Inpatient Hospital: You didn't have an active benefit period.

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

Your Messages from Medicare

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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	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 **\$85.00** of your **\$162.00** deductible for 2011.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

Your Claims & Costs This Period

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

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.

July 28 – July 29, 2011
Dr. Andrew Star, M.D.

August 18, 2011
Jonathan Smith, M.D.

August 28, 2011
Richard Lee, M.D.

You saw more providers this period. Go to your complete list of claims, starting on page 3.

¿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)

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	
Total for Claim #20905400034102			\$0.00	\$4,886.98	\$0.00	A

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	\$5.71	
Total for Claim #02-10195-592-677		\$45.00	\$28.54	\$22.83	\$5.71	A

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
June 29, 2010						
Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report (93010)	NO	\$55.00	\$0.00	\$0.00	\$55.00	D,E,F
June 30, 2010						
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	D
Total for Claim #02-10204-674-840		\$123.56	\$0.00	\$0.00	\$123.56	

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	\$0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	0.00	A
Total for Claim #21035000422104NYA		\$486.22	\$486.22	\$486.22	\$0.00	

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

November 18 – November 20, 2011**Dr. Jaagosild, Priit M.D., (555) 555-1234**

Arnette Clinic, LLC, 8016 Reliable Pkwy, Chicago, IL 60686-0001

Referred by Dupre, Gary W

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
November 18, 2011						
Physical therapy evaluation (97001-GP)	Yes	\$100.00	\$78.83	\$63.06	\$15.77	A
Application of hot or cold packs to 1 or more areas (97010-GP)	Yes	10.00	10.00	8.00	2.00	A
Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes (97112-GP)	Yes	60.00	33.31	26.65	6.66	A
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minut (97110-GP)	Yes	50.00	32.00	25.60	6.40	A
November 20, 2011						
Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes (97112-GP)	Yes	60.00	33.31	26.65	6.66	A
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minut (97110-GP)	Yes	50.00	32.00	25.60	6.40	A
Total for Claim #83-11011-003-050		\$50.00	\$219.45	\$175.56	\$43.89	

December 9 – December 13, 2011**Bruce A. Lief, M.D., (555) 555-1234**

2701 Holme Ave, Philadelphia, PA 19152-0000

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
December 9, 2010						
Hospital inpatient care (99233)	Yes	\$116.00	\$106.18	\$84.94	\$21.24	A
December 10, 2010						
Hospital inpatient care (99232)	Yes	81.00	73.85	59.08	14.77	A
December 10 – December 12, 2010						
Hospital inpatient care (99232)	Yes	81.00	73.85	59.08	14.77	A
December 12, 2010						
Hospital inpatient care (99232)	Yes	81.00	73.85	59.08	14.77	A
December 13, 2010						
Hospital discharge (99239)	Yes	140.00	106.69	85.35	21.34	A
Total for Claim #02-10204-674-840		\$499.00	\$434.42	\$347.53	\$86.89	

July 13, 2011**Rad Group of Abington, (555) 555-1234**

PO Box 10668, Lancaster, PA 17605-0668

Referred by Dr. Christoph K. Blazes, M.D.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Kevin W. Brown						
Xray of chest, 2 views, front and side professional charge (71020-26)	Yes	\$50.00	\$12.07	\$9.66	\$2.41	A
Application of hot or cold packs to 1 or more areas (97010-GP)	Yes	10.00	10.00	8.00	2.00	A
Dr. Jeffrey C. Pan, M.D.						
Ultrasound scan of veins of both arms or legs including assessment of compression and functional man (93970-26)	Yes	174.00	37.76	30.21	7.55	A
Total for Claim #18-10209-086-660		\$234.00	\$59.83	\$47.87	\$11.96	

July 14 – July 16, 2011**Rad Group of Abington, (555) 555-1234**

PO Box 10668, Lancaster, PA 17605-0668

Referred by Dr. Christoph K. Blazes, M.D.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
July 14, 2011/Dr. Kevin W. Brown						
Xray of chest, 2 views, front and side professional charge (71020-26)	Yes	\$50.00	\$12.07	\$9.66	\$2.41	A
July 15, 2011/Dr. Jeffrey C. Pan, M.D.						
Ultrasound scan of veins of both arms or legs including assessment of compression and functional man (93970-26)	Yes	174.00	37.76	30.21	7.55	A
July 16, 2011/Dr. Kevin W. Brown						
Xray of chest, 2 views, front and side professional charge (71020-26)	Yes	50.00	12.07	9.66	2.41	A
Application of hot or cold packs to 1 or more areas (97010-GP)	Yes	10.00	10.00	8.00	2.00	A
Total for Claim #18-10209-086-663		\$284.00	\$71.90	\$57.53	\$14.37	

June 9 – August 9, 2011**Lincare Inc., (555) 555-1234**

PO BOX 996, Blue Springs, MO 64013-0996

Referred 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
June 9, 2010						
2 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	\$459.68	\$173.17	\$138.54	\$34.63	A
2 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	122.31	28.77	23.02	5.75	A
July 9, 2010						
2 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	459.68	173.17	138.54	34.63	A
2 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	122.31	28.77	23.02	5.75	A
August 9, 2010						
2 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	459.68	173.17	138.54	34.63	A
2 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concen (E1390-RR) Rental	Yes	122.31	28.77	23.02	5.75	A
Total for Claim #02-10204-674-860		\$1,745.97	\$605.82	\$484.68	\$121.14	

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.

November 9 – December 21, 2011

Swedish Covenant Hospital, (555) 555-1234

5145n California Ave, Chicago, IL 60640-4213

Referred by Ermias Tilahun

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting Oct. 2, 2011	none remain	NO	\$480,579.03	\$0.00	\$480,579.30	
Total for Claim #21036201645104ILA			\$480,579.03	\$0.00	\$480,579.30	A

Continued →

Notes for Claims Above

A You have used all of your benefit days for this period.

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.

November 9 – December 21, 2011

Swedish Covenant Hospital, (555) 555-1234

5145n California Ave, Chicago, IL 60640-4213

Referred by Ermias Tilahun

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
	none	NO	\$480,579.03	\$0.00	\$480,579.30	A
Total for Claim #21036201645104ILA			\$480,579.03	\$0.00	\$480,579.30	B

Continued →

Notes for Claims Above

A Medicare does not pay for this item or service

B The amount Medicare paid the provider for this claim is \$0.00.

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 the 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.

October 13, 2010

Samuel G. Putnam M.D., (555) 555-1234

Univ of Penn – Comm Rad, 999 Old Eagle School Road, Suite 118, Wayne, PA 19087-1707

Referred by David G Nazarian

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ultrasonic guidance for placement of needle (76942-26)	Yes – adjusted	\$95.00	\$95.00	\$76.00	\$19.00	
Ultrasonic guidance for placement of needle (76942-26)	Yes – adjusted	95.00	35.81	28.65	7.16	
Ultrasonic guidance for placement of needle (76942-26)	Yes – adjusted	95.00	35.81	28.65	7.16	
Total for Claim #02-10195-592-700		\$285.00	\$166.62	\$133.30	\$33.32	A,B

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.
- B This is an adjustment to a previously processed claim and/or deductible record.**

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 the 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.

July 13, 2011

Teresa Lim, M.D., (555) 555-1234

Abington Emergency Phys, PO Box 3012, Wilmington, DE 19804-0012

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Emergency department visit (99285)	Yes	\$434.00	\$156.91	\$125.53	\$31.38	
Interpretation and report of electrical activity of heart using 1-3 leads (93042)	Yes	39.00	7.32	5.86	1.46	
12-Lead ECG performed (3120F)	Yes	0.00	0.00	0.00	0.00	A
Total for Claim #11-10203-914-840		\$473.00	\$164.23	\$131.39	\$32.84	

Continued →

Notes for Claims Above

A This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

July 23, 2011**Dr. Thomas F. Harkins, M.D., (555) 555-1234**

Abington Emergency Phys, PO Box 3012, Wilmington, DE 19804-0012

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Emergency department visit (99285)	Yes	\$434.00	\$184.60	\$147.68	\$36.92	
12-Lead ECG performed (3120F)	Yes	0.00	0.00	0.00	0.00	B
Total for Claim #11-10211-818-070		\$434.00	\$184.60	\$147.68	\$36.92	

July 25, 2011**Dr. Bruce D. Rubin, M.D., (555) 555-1234**

Abington Emergency Phys, PO Box 3012, Wilmington, DE 19804-0012

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Emergency department visit (99285)	Yes	\$434.00	\$184.60	\$147.68	\$36.92	
Total for Claim #11-10211-819-140		\$434.00	\$184.60	\$147.68	\$36.92	

July 27, 2011**Dr. Philippe A. Kerillis, DO, (555) 555-1234**

Abington Emergency Phys, PO Box 3012, Wilmington, DE 19804-0012

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Emergency department visit (99285)	Yes	\$434.00	\$184.60	\$147.68	\$36.92	
Total for Claim #11-10217-667-100		\$434.00	\$184.60	\$147.68	\$36.92	

Continued →**Notes for Claims Above**

B This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.

Jennifer Washington

THIS IS NOT A BILL | Page 5 of 5

August 17, 2011**Dr. Steven F. Fisher, M.D., (555) 555-1234**

Abington Emergency Phys, PO Box 3012, Wilmington, DE 19804-0012

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Emergency department visit (99285)	Yes	\$434.00	\$184.60	\$147.68	\$36.92	
12-Lead ECG performed (3120F)	Yes	0.00	0.00	0.00	0.00	C
Total for Claim #11-10218-818-072		\$434.00	\$184.60	\$147.68	\$36.92	

August 19, 2010**Dr. Larry S. Keller, DO, (555) 555-1234**

Abington Memorial Hospital, PO Box 786311, Philadelphia, PA 19178-6311

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Physician nursing facility visit (99309)	Yes	\$122.00	\$89.15	\$71.32	\$17.83	
Total for Claim #11-10219-819-150		\$122.00	\$89.15	\$71.32	\$17.83	

August 22, 2011**Cynthia G. Pyle, NP, (555) 555-1234**

Abington Memorial Hospital, PO Box 786311, Philadelphia, PA 19178-6311

Referred by Dr. Jennifer O. Orr, M.D.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Physician nursing facility visit (99308)	Yes	\$93.00	\$57.70	\$31.74	\$25.96	D
Total for Claim #11-10219-828-850		\$93.00	\$57.70	\$31.74	\$25.96	

Notes for Claims Above

- C** This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.
- D** Outpatient mental health services are paid at 55% of the approved amount.

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 the 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.

November 15, 2010

Dr. Martin Simmerman, P.M. M.D., (555) 555-1234

Arnette Clinic, LLC, 8016 Reliable Pkwy, Chicago, IL 60686-0001

Referred by Alaimo, Andrew A

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Xray of thigh, 2 views professional charge (73550-26LT)	Yes	\$38.00	\$8.83	\$7.06	\$1.77	
CT scan head or brain professional charge (70450-62GZ)	Yes	179.00	0.00	0.00	0.00	A,B
Total for Claim #11-10336-697-750		\$217.00	\$8.83	\$7.06	\$1.77	C

Continued →

Notes for Claims Above

- A** 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 #L28516.
- B** It appears that you did not know that we would not pay for this service, so you are not liable. Do not pay your provider for this service. If you have paid your provider for this service, you should submit to this office three things: 1) a copy of this notice, 2) your provider's bill, and 3) a receipt or proof that you have paid the bill. You must file your written request for payment within 6 months of the date of this notice. Future services of this type provided to you will be your responsibility.
- 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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 7

November 17, 2011

Dr. Prit Jaagosild, M.D., (555) 555-1234

Arnette Clinic, LLC, 8016 Reliable Pkwy, Chicago, IL 60686-0001

Referred by Dupre, Gary W

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve funct (93306-26)	Yes	\$211.00	\$69.84	\$55.87	\$13.97	
Total for Claim #11-10340-695-690		\$211.00	\$69.84	\$55.87	\$13.97	D

November 17, 2011

Dr. Martin Simmerman, P.M. M.D., (555) 555-1234

Arnette Clinic, LLC, 8016 Reliable Pkwy, Chicago, IL 60686-0001

Referred by Alaimo, Andrew A

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Xray of knee, 3 views professional charge (73562-26LT)	Yes	\$40.00	\$9.56	\$7.65	\$1.91	
CT scan abdomen professional charge (74150-26)	Yes	238.00	60.20	48.16	12.04	
CT scan pelvis professional charge (72192-26)	Yes	211.00	55.23	44.18	11.05	
Xray of shoulder, minimum of 2 views professional charge (73030-26LT)	Yes	42.00	9.56	7.65	1.91	
Total for Claim #11-10217-667-100		\$531.00	\$134.55	\$107.64	\$26.91	D

Continued →

Notes for Claims Above

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

THIS IS NOT A BILL | Page 5 of 7

November 18 – November 20, 2011**Dr. Preet Jaagosild, M.D., (555) 555-1234**

Arnette Clinic, LLC, 8016 Reliable Pkwy, Chicago, IL 60686-0001

Referred by Dupre, Gary W

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
November 18, 2011						
Physical therapy evaluation (97001-GP)	Yes	\$100.00	\$78.83	\$15.00	\$0.00	E
Application of hot or cold packs to 1 or more areas (97010-GP)	Yes	10.00	0.00	0.00	0.00	F,G,H
Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes (97112-GP)	Yes	60.00	33.31	0.00	0.00	I
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minut (97110-GP)	Yes	50.00	32.00	0.00	0.00	J
November 20, 2011						
Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes (97112-GP)	Yes	60.00	33.31	0.00	0.00	
Claim #83-11011-003-050					(continued)	

Continued →**Notes for Claims Above**

- E** Your provider agreed to accept \$68.00 as payment in full on this claim. Your primary insurer has already paid \$53.00 so Medicare's payment is the difference between the two amounts.
- F** Payment is included in another service received on the same day.
- G** You do not have to pay this amount.
- H** If you have already paid it, you are entitled to a refund from this provider.
- I** Your primary insurer approved and paid \$60.00 on this claim. Therefore, no secondary payment will be made by Medicare.
- J** Your primary insurer approved and paid \$50.00 on this claim. Therefore, no secondary payment will be made by Medicare.

Jennifer Washington

THIS IS NOT A BILL | Page 6 of 7

November 18 – November 20, 2011/Dr. Priit Jaagosild, M.D. continued...

Service Provided & Billing Code	Item 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-GP)	Yes	50.00	32.00	0.00	0.00	K,L,M
Total for Claim #83-11011-003-050		\$290.00	\$177.45	\$30.00	\$0.00	N,O,P

Notes for Claims Above

- K** Payment is included in another service received on the same day.
- L** You do not have to pay this amount.
- M** If you have already paid it, you are entitled to a refund from this provider.
- N** **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.
- O** Of the \$30.00 paid on this claim, we are paying you \$15.00 because you paid your provider more than your 20 percent coinsurance on Medicare approved services. The remaining \$15.00 was paid to the provider.
- P** \$1735.94 has been applied during this calendar year 2010 towards the \$1,860.00 limit on outpatient physical therapy and speech-language pathology benefits.



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
---	-----

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

Total You May Be Billed	\$119,607.64
-------------------------	--------------

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!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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 **\$4.2 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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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	\$119,373.00	A
Total for Claim #20905400034102			\$112,431.00	\$13,477.52	\$119,373.00	B,C

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.

Jennifer Washington

THIS IS NOT A BILL | Page 6 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
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

(continued)

Continued →**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.

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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

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(continued)

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

Jennifer Washington

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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)

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Notes for Claims Above

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

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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.

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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

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(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.

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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	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	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
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

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(continued)

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

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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.

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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

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(continued)

Continued →**Notes for Claims Above**

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

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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.

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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	0.00	g,h
Xray of abdomen, single view (74000)	Yes	213.06	213.06	213.06	10.55	
Xray of abdomen, single view (74000)	Yes	213.06	213.06	213.06	10.55	
Xray of abdomen, single view (74000)	Yes	213.06	213.06	213.06	10.55	
Xray of chest, 1 view, front (71010)	Yes	667.01	667.01	667.01	21.09	
Xray of chest, 1 view, front (71010)	Yes	1,124.55	1,124.55	1,124.55	31.64	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	10.55	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	10.55	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	10.55	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	10.55	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	10.55	
Xray of chest, 1 view, front (71010)	Yes	374.85	374.85	374.85	10.55	
Total for Claim #21035000422104NYA		\$63,960.35	\$63,960.35	\$63,960.35	\$234.64	

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 Therpy	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	
Total for Claim #20022000001804NYR		\$2,120.00	\$3,213.37	\$3,213.37	\$0.00	i

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, 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 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.

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



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

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 NO in the "Service Approved?" column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$27.30

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 your **\$162.00** deductible for 2011.

Providers with Claims This Period

June 18 – 20, 2011
Susan Jones, M.D.

June 9 – June 24, 2011
Behavioral Medicine Ins

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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 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.

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 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.

Want to see your claims right away? Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

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 **\$4.2 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**.

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 the 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 minut (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
Total for Claim #02-10195-592-677		\$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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 8

June 20, 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
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	0.00	B
Total for Claim #02-10195-592-990		\$143.00	\$107.97	\$86.38	\$21.59	C

Continued →**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.

Your Unassigned Claims for Part B (Medical Insurance)

Medicare claims may be assigned or unassigned. Your claims below are **unassigned**—meaning the provider hasn't agreed to accept the Medicare-approved amount as payment in full.

Do Unassigned Claims Cost More? Maybe. A provider who doesn't accept assignment may charge you up to 15% over the Medicare-approved amount. This is known as the **limiting charge**. You may have to pay this amount, or it may be covered by another insurer.

For a list of providers that always accept Medicare assignment, visit www.medicare.gov/provider or call 1-800-MEDICARE (1-800-633-4227). You may save money by choosing providers who accept assignment.

Definitions of Columns

Service Approved?: This column tells you if Medicare covered the 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. Since your provider hasn't agreed to accept assignment, you might be charged up to 15% more than this amount. Medicare usually pays 80% of the Medicare-approved amount.

Medicare Paid You: When a provider doesn't accept assignment, Medicare pays you directly. You'll usually get 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 9 – June 24, 2011

Behavioral Medicine Ins, (555) 555-1234

1401 Pchtree NE St #140, Atlanta, GA 30309-3000

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
June 9, 2011						
Psychiatric interview for diagnosis (90801-59)	Yes	\$500.00	\$150.33	\$120.26	\$0.00	D,E
Psychological testing (90830)	NO	250.00	0.00	0.00	0.00	F

Claim #46-10326-262-000

(continued)

Continued →

Notes for Claims Above

- D** The approved amount is based on a special payment method.
- E** The previous notice we sent stated the amount you could be charged for this service. This additional payment changed that amount. Your doctor cannot charge you more than \$172.88.
- F** **This item or service was denied** because information required to make payment was incorrect.

Jennifer Washington

THIS IS NOT A BILL | Page 6 of 8

June 9 – June 24, 2011/Behavioral Medicine Ins continued...

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Psychiatric evaluation of hospital records, reports, testing, or data for diagnosis (90885)	Yes	250.00	0.00	0.00	0.00	G,H,I, J
Family psychotherapy not including patient (90846)	Yes	425.00	84.62	46.54	0.00	K,L,M
Psychiatric interview for diagnosis (90801-59)	Yes	500.00	150.33	120.26	0.00	K,N
Psychiatric interview for diagnosis (90801-59)	Yes	500.00	150.33	120.26	0.00	K,N
Psychiatric interview for diagnosis (90801-59)	Yes	500.00	150.33	120.26	0.00	K,N
Psychological testing (96100)	NO	250.00	0.00	0.00	0.00	O
Individual office or outpatient psychotherapy, approximately 45 to 50 minutes (90806)	Yes	250.00	90.34	49.69	0.00	K,L,P
Individual office or outpatient psychotherapy, approximately 45 to 50 minutes (90806)	Yes	175.00	90.34	49.69	0.00	K,L,P

Claim #46-10326-262-000

(continued)

Continued →

Notes for Claims Above

- G** Payment is included in another service received on the same day.
- H** Medicare does not pay separately for this service.
- I** You do not have to pay this amount.
- J** The previous notice we sent stated the amount you could be charged for this service. This additional payment changed that amount. Your doctor cannot charge you more than \$0.00.
- K** The approved amount is based on a special payment method.
- L** Outpatient mental health services are paid at 55% of the approved amount.
- M** The previous notice we sent stated the amount you could be charged for this service. This additional payment changed that amount. Your doctor cannot charge you more than \$97.31.
- N** The previous notice we sent stated the amount you could be charged for this service. This additional payment changed that amount. Your doctor cannot charge you more than \$172.88.
- O** **This item or service was denied** because information required to make payment was incorrect.
- P** The previous notice we sent stated the amount you could be charged for this service. This additional payment changed that amount. Your doctor cannot charge you more than \$103.89.

Jennifer Washington

THIS IS NOT A BILL | Page 7 of 8

June 9 – June 24, 2011/Behavioral Medicine Ins continued...

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Individual office or outpatient psychotherapy, approximately 45 to 50 minutes (90806)	Yes	200.00	90.34	49.69	0.00	Q,R,S
June 16, 2011						
Individual office or outpatient psychotherapy, approximately 45 to 50 minutes (90806)	Yes	200.00	90.34	49.69	0.00	Q,R,S
June 24, 2011						
Individual office or outpatient psychotherapy, approximately 45 to 50 minutes (90806)	Yes	120.00	90.34	49.69	0.00	Q,R,S
Total for Claim #46-10326-262-000		\$4,120.00	\$1,137.64	\$776.03	\$0.00	T,U,V

Notes for Claims Above

- Q** The approved amount is based on a special payment method.
- R** Outpatient mental health services are paid at 55% of the approved amount.
- S** The previous notice we sent stated the amount you could be charged for this service. This additional payment changed that amount. Your doctor cannot charge you more than \$103.89.
- T** **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.
- U** The amount in the Maximum You May Be Billed column has been reduced by the amount you paid the provider at the time the services were rendered.
- V** If you do not agree with the Medicare approved amount(s), you may ask for a reconsideration. You must request a reconsideration within 180 days of the date of receipt of this notice. You may present any new evidence which could affect your decision. Call us at the number in the Customer Service block if you need more information about the reconsideration process.

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, 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 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.

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 Contractor Name
Street Address
City, ST 12345-6789

HARRIETT I ANSARI BAHMAN
9 JOCKEY LANE
NEW CITY, NY 10956-6608

MEDICARE PART B CHECK
DO NOT DESTROY
PLEASE CASH AS SOON AS POSSIBLE

MEDICARE PART B
National Government Services, Inc.
P.O. BOX 6160
INDIANAPOLIS, IN 46206-6160



MEDICARE PAYMENT
FOR HEALTH INSURANCE - SOCIAL SECURITY ACT

0040613320

US BANK
HAVRE, MONTANA

80-1769/815

VOID 12 MONTHS FROM ISSUE DATE

PAY *****61DOLLARS AND 38CENTS
TO THE
ORDER OF

HARRIETT I ANSARI BAHMAN

9 JOCKEY LANE
NEW CITY NY 10956-6608

IDENTIFICATION NO.	INTERNAL CHECK NO. 202781293
MO. DAY YEAR 10 12 11	DOLLARS \$ *****61.38

VOID
Sandra Miller



Medicare Summary Notice for Part B (Medical Insurance)

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

HARRIETT I ANSARI BAHMAN
9 JOCKEY LANE
NEW CITY, NY 10956-6608

MEDICARE PART B CHECK
DO NOT DESTROY
PLEASE CASH AS SOON AS POSSIBLE

MEDICARE PART B
National Government Services, Inc.
P.O. BOX 6160
INDIANAPOLIS, IN 46206-6160



MEDICARE PAYMENT
FOR HEALTH INSURANCE - SOCIAL SECURITY ACT

0040613320

US BANK
HAVRE, MONTANA

80-1769/815

VOID 12 MONTHS FROM ISSUE DATE

PAY *****61DOLLARS AND 38CNTS
TO THE
ORDER OF

HARRIETT I ANSARI BAHMAN

9 JOCKEY LANE
NEW CITY NY 10956-6608

IDENTIFICATION NO.	INTERNAL CHECK NO. 202781293
MO. DAY YEAR 10 12 11	DOLLARS \$ *****61.38

VOID
Sandra Miller



Medicare Summary Notice for Part B (Medical Insurance)

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

HARRIETT I ANSARI BAHMAN
9 JOCKEY LANE
NEW CITY, NY 10956-6608

CHECK ENCLOSED
This Is Not A Bill

Notice for Jennifer Washington

Medicare Number	XXX-XX-1234A
Date of This Notice	July 15, 2011
Claims Processed	July 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Services?	YES
See page 2 for how to double-check this notice.	
Total You May Be Billed	\$0.00

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 your **\$162.00** deductible for 2011.

Providers with Claims This Period

June 18, 2011
Bruce M Rodin

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿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)



Medicare Summary Notice for Part B (Medical Insurance)

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

HARRIETT I ANSARI BAHMAN
9 JOCKEY LANE
NEW CITY, NY 10956-6608

CHECK SENT SEPARATELY
This Is Not A Bill

Notice for Jennifer Washington

Medicare Number	XXX-XX-1234A
Date of This Notice	July 15, 2011
Claims Processed	July 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Services?	YES
See page 2 for how to double-check this notice.	
Total You May Be Billed	\$0.00

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 your **\$162.00** deductible for 2011.

Providers with Claims This Period

June 18, 2011
Bruce M Rodin

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Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

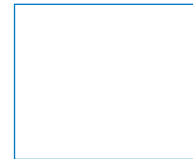
¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

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”.

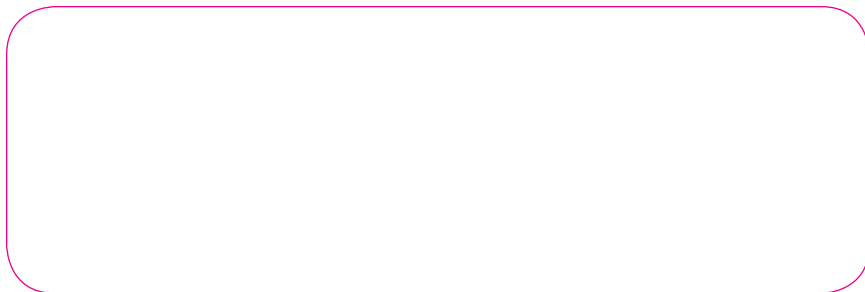
1-800-MEDICARE (1-800-633-4227)



Centers for Medicare & Medicaid Services
c/o Contractor Name
Street Address
City, ST 12345-6789



OFFICIAL MEDICARE INFORMATION

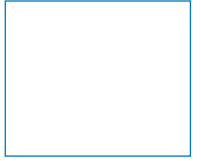


For help regarding your notice, call us at 1-800-MEDICARE (1-800-633-4227).
If you change your address, contact the Social Security Administration at 1-800-772-1213.

TO BE OPENED BY ADDRESSEE ONLY



Centers for Medicare & Medicaid Services
c/o Contractor Name
Street Address
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OFFICIAL MEDICARE INFORMATION

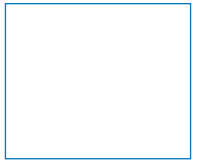


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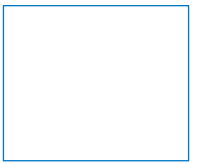
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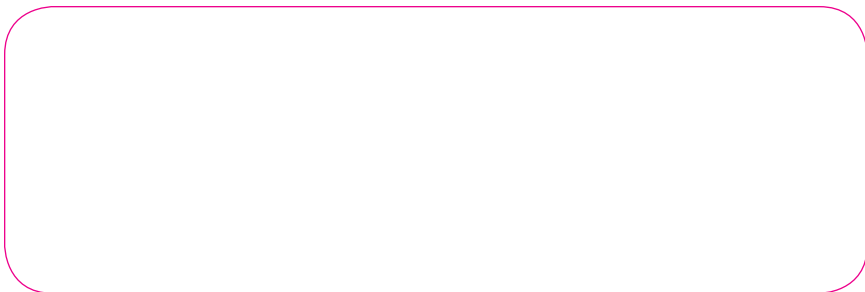
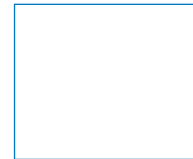
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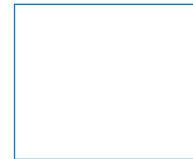
OFFICIAL MEDICARE INFORMATION

IMPORTANT DOCUMENT ENCLOSED





Centers for Medicare & Medicaid Services
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OFFICIAL MEDICARE INFORMATION
IMPORTANT DOCUMENT ENCLOSED

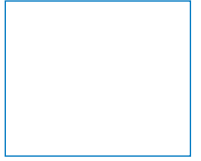




Exhibit 2.15 – Envelope Liner



Centers for Medicare & Medicaid Services
c/o First Coast Service Options, Inc.
Street Address
City, ST 12345-6789

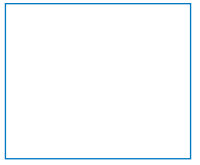


OFFICIAL MEDICARE INFORMATION
IMPORTANT DOCUMENT ENCLOSED

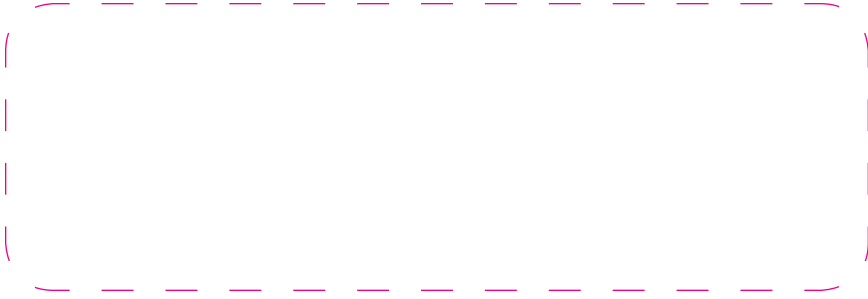




Centers for Medicare & Medicaid Services
c/o First Coast Service Options, Inc.
Street Address
City, ST 12345-6789



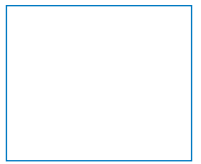
**OFFICIAL MEDICARE INFORMATION
IMPORTANT DOCUMENT ENCLOSED**





Centers for Medicare & Medicaid Services
c/o First Coast Service Options, Inc.
Street Address
City, ST 12345-6789

**OFFICIAL MEDICARE INFORMATION
IMPORTANT DOCUMENT ENCLOSED**



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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

March 01 – March 04, 2011**Vassar Brothers Hospital, (555) 555-1234**

45 Reade Pl, Poughkeepsie, NY 12601-3947

Referred by Gordon A. Zimmermann

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting March 01, 2011	4 days	Yes	\$0.00	\$17,376.45	\$1,754.60	A,B
Total for Claim #20905400034102			\$0.00	\$17,376.45	\$1,754.60	C,D,E

Notes for Claims Above

- A** Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- B** \$1,184.00 was applied to your inpatient deductible.
- C** Vassar Brothers Hospital, in partnership with physicians in your area, is participating in a Medicare demonstration project that uses a simplified payment method to combine all hospital and physician care related to your hospital service. This single payment will make the billing process easier while keeping the cost to you at or below what it would have been under the traditional payment method.
- D** Medicare has paid \$17,376.45 for hospital and physician services. Your Part A deductible is \$1,184.00. Your Part A coinsurance is \$0.00. Your Part B coinsurance is \$570.60.
- E** The amount Medicare paid the provider for this claim is \$17,376.45.

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 the 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.

Jennifer Washington

THIS IS NOT A BILL | Page 4 of 5

November 15, 2010**Brooklyn Radiology Ser, (555) 555-1234**

P. O. Box 5471, New York, NY 10087-5471

Referred by Dr. Grigoriy M. Goldenbert, M.D.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
CT scan chest (71250-26) professional charge	NO- adjusted	\$200.00	\$0.00	\$0.00	\$0.00	A,B,C, D
Total for Claim #11-10336-697-750		\$200.00	\$0.00	\$0.00	\$0.00	E,F,G

Notes for Claims Above

- A** The information provided does not support the need for this service or item.
- B** 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 the LCD.
- C** The following policies L28516 were used when we made this decision.
- D** It appears that you did not know that we would not pay for this service, so you are not liable. Do not pay your provider for this service. If you have paid your provider for this service, you should submit to this office three things: 1) a copy of this notice, 2) your provider's bill, and 3) a receipt or proof that you have paid the bill. You must file your written request for payment within 6 months of the date of this notice. Future services of this type provided to you will be your responsibility.
- E** An adjustment was made based on a redetermination.
- F** This item or service was denied because information required to make payment was missing.
- G** We have asked your provider to resubmit the claim with the missing or correct information.