



Medicare Summary Notice

June 10, 1998

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:
Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX
Toll-free: 1-800-XXX-XXXX
TTY for Hearing Impaired: 1-800-XXX-XXXX

HELP STOP FRAUD: Beware of "free" medical services or products. If it sounds too good to be true, it probably is.

This is a summary of claims processed from 05/15/1998 through 06/10/1998.

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621 Care Hospital, 123 Sick Lane, Dallas, TX 75555 Referred by: Paul Jones, M.D. 04/25/98-05/09/98	14 days	\$0.00	\$794.00	\$794.00	a, b, c
Claim number 12435-84956-84556-45621 Continued Care Hospital, 124 Sick Lane Dallas, TX 75555 Referred by: Paul Jones, M.D. 05/09/98-05/20/98	11 days	\$0.00	\$0.00	\$0.00	

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 1235-8956-8458 Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209 Referred by: Paul Jones, M.D. 04/02/98	I.V. Therapy (Q0081) Lab (88104) Operating Room (31628) Observation Room (99201)	\$33.00 1,140.50 786.50 293.00	\$0.00 0.00 0.00 0.00	\$6.60 228.10 157.30 58.60	\$6.60 228.10 157.30 58.60	
Claim Total		\$2,253.00	\$0.00	\$450.60	\$450.60	

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

Continued EXHIBIT 1 - Inpatient/Outpatient Combined

Your Medicare Number: 111-11-1111A

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PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621 Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209 Referred by: Paul Jones, M.D.						
04/16/98	Radiology (71020)	\$39.00	\$0.00	\$7.80	\$7.80	
Claim number 12435-84956-84556-45621 Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209 Referred by: Paul Jones, M.D.						
05/25/98	X-Ray (71020)	\$101.85	\$0.00	\$20.37	\$20.37	

Notes Section:

- a \$764.00 was applied to your inpatient deductible.
- b \$30.00 was applied to your blood deductible.
- c Days used are being subtracted from your total inpatient benefits for this benefit period.

Deductible Information:

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 1998.

You have met the blood deductible for 1998.

General Information:

If you were offered free items or services but Medicare was billed, please call your local Customer Service at (XXX) XXX-XXXX.

Appeals Information - Part A (Inpatient)

If you disagree with any claims decision on PART A of this notice, you can request an appeal by August 10, 1998.

Appeals Information - Part B (Outpatient)

If you disagree with any claims decision on PART B of this notice, you can request an appeal by December 10, 1998.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here _____ Phone number () _____