



# Medicare Summary Notice

June 15, 1999

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 telemarketers offering free or discounted Medicare items or services.

This is a summary of claims processed from 05/15/1999 through 06/15/1999.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

| Dates of Service  | Services Provided                  | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|------------------------------------|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 0000-0000-0000                                       |                                    |                 |                   |                        |                   |                   |
| John Will Care, M.D., 246 Medicare Ave,<br>Jacksonville, FL 32231 |                                    |                 |                   |                        |                   | a                 |
| 04/26/99  | 1 Initial Hospital Care (99223)    | \$198.00        | \$125.62          | \$100.50               | \$0.00            |                   |
| 04/27-28/99   | 2 Subsequent Hospital Care (99232) | 152.00          | 92.30             | 73.84                  | 0.00              |                   |
| 04/29/99  | 1 Subsequent Hospital Care (99233) | 101.00          | 63.98             | 51.18                  | 0.00              |                   |
| <b>Claim Total</b>  |                                    | <b>\$451.00</b> | <b>\$281.90</b>   | <b>\$225.52</b>        | <b>\$0.00</b>     |                   |

**Notes Section:**

a Of the total \$225.52 paid on this claim, we are paying you \$4.90 because you paid your provider more than your 20 percent coinsurance. The remaining \$220.62 was paid to the provider.

**Deductible Information:**

You have met the Part B deductible for 1999.

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

**Your Medicare Number: 111-11-1111A**

**General Information:**

If you were offered free items or services but Medicare was billed, please call your local Customer Service at (XXX) XXX-XXXX or toll-free 1-800-XXX-XXXX.

Good news! There will be a Medicare workshop in Anywhere, USA on August 20, 1999. Contact us for more information.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, you can request an appeal by December 15, 1999.**  
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 (    ) \_\_\_\_\_