



Medicare Summary Notice

May 15, 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 door-to-door sales of Medicare services.

This is a summary of claims processed on 05/15/1998.

PART A - HOSPICE FACILITY CLAIMS

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						
Hospice Care, Inc., 222 Hospice Ave. Hospice, TX 75666						
Referred by: John Doe, M.D.						
05/14/98	Routine Care	\$50.00	\$0.00	\$0.00	\$0.00	
	Respite Care	200.00	0.00	0.00	0.00	
	Claim Total	\$250.00	\$0.00	\$0.00	\$0.00	

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 (Hospice)

If you disagree with any claims decision on this notice, you can request an appeal by July 15, 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 () _____

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