



Medicare Summary Notice

June 15, 1999

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

BENEFICIARY NAME
STREET ADDRESS
STREET ADDRESS
STREET ADDRESS
CITY, STATE ZIP CODE

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 Chipper Bird, M.D., 123 North Avenue, Reno, NV 11128-0178 Referred by: Mark Tall, M.D.						
02/10/99	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	a
02/10/99	1 Admin, flu vac (G0008)	5.00	3.43	3.43	0.00	a
Claim Total		\$10.00	\$7.31	\$7.31	\$0.00	
Claim Number 0000-0000-0000 Chipper Bird, M.D., 123 North Avenue, Reno, NV 11128-0178						
03/29/99	1 Subsequent Hospital Care (99232)	\$75.00	\$0.00	\$0.00	\$0.00	b
03/31/99	1 Subsequent Hospital Care (99232)	75.00	0.00	0.00	0.00	b
Claim Total		\$150.00	\$0.00	\$0.00	\$0.00	

PART B MEDICAL INSURANCE - UNASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
Claim Number 0000-0000-0000 Chad Smith, M.D., 1414 Bravers Blvd., Atlanta, GA 62789-0181 Referred by: Barney Rubble, M.D.						
03/30/99	1 Office/Outpatient Visit, Est. (99213)	\$34.00	\$29.76	\$23.81	\$34.00	
03/30/99	1 X-ray Exam of Lower Spine (72100)	35.00	0.00	0.00	35.00	c
Claim Total		\$69.00	\$29.76	\$23.81	\$69.00	

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

Continued EXHIBIT 1 - Limiting Charge/Interest to the Beneficiary

Your Medicare Number: 111-11-1111A

Page 2 of 3
June 15, 1999**PART B MEDICAL INSURANCE - UNASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
Claim number 0000-0000-0000 Chad Smith, M.D., 1414 Bravers Blvd., Atlanta, GA 62789-0181						d
Referred by: Barney Rubble, M.D.						
04/13/99	1 Electrocardiogram, Complete (93000)	\$26.92	\$23.41	\$18.73	\$26.92	
04/13/99	1 Cardiovascular Stress Test (93015)	112.33	97.68	78.14	112.33	
Claim Total		\$139.25	\$121.09	\$96.87	\$139.25	
Claim number 0000-0000-0000 Sam Son, M.D., 643 George Ave., Lexington, KY 27292-7777						e
Referred by: Ker Lee, M.D.						
04/14/99	1 Office/Outpatient Visit, Est. (99213)	\$34.22	\$29.76	\$25.33	\$34.22	
Claim number 0000-0000-0000 Ken U. Hear, M.D., 643 Drum Ave., Johnson City, TN 37659						f
Referred by: John Knee, M.D.						
04/15/99	8 Non ESRD Epopotin Alpha Inj (Q0136)	\$168.00	\$91.20	\$72.96	\$104.88	

Notes Section:

- a This service is paid at 100% of the Medicare approved amount.
- b The cost of care before and after the surgery or procedure is included in the approved amount for that service.
- c Payment denied because the claim did not show if the test was purchased by the physician or if the physician performed the test.
- d The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- e Your payment includes interest because Medicare exceeded processing time limits.
- f Your doctor did not accept assignment for this service. Under Federal law, your doctor cannot charge more than \$104.88. If you have already paid more than this amount, you are entitled to a refund from the provider.

Deductible Information:

You have met the Part B deductible for 1999.

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 () _____