



# Medicare Summary Notice

September 15, 1999

BENEFICIARY NAME  
 STREET ADDRESS  
 STREET ADDRESS  
 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 solicitors offering free or discounted Medicare items or services.

This is a summary of claims processed from 08/15/1999 through 09/15/1999.

### 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
08/08/99	Claim number 0000-0000-0000 Hank Ewe, M.D., 123 North Avenue, Reno, NV 11128-0178 Referred by: Mark Tall, M.D. 1 Office/Outpatient Visit, Est. (99212)	\$27.00	\$21.26	\$0.00	\$21.26	a
08/31/98	Claim number 0000-0000-0000 Leon Tuttle, M.D., 600 Earring Circle, Jonesville, MS 60492-7890 Referred by: Hank Ewe, M.D. 1 Eye Exam Established Pt. (92012)	\$52.00	\$41.04	\$6.46	\$34.58	b
09/07/98	Claim number 0000-0000-0000 Mel Young, M.D., 2418 South Drive, Portland, TN 46239 Referred by: Kara Smith, M.D. 1 Office/Outpatient Visit, Est. (99214)	\$50.00	\$49.62	\$39.70	\$9.92	

#### Notes Section:

- a This approved amount has been applied toward your deductible.
- b \$32.97 of this approved amount has been applied toward your deductible.

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

**Continued EXHIBIT 3 - Multiple Years of Service**

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

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**Deductible Information:**

You have met the Part B deductible for 1999.

**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 November 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 March 15, 2000. 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 (     ) \_\_\_\_\_