



Medicare Summary Notice

December 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: Always review your Medicare Summary Notice for correct information about the services you received.

This is a summary of claims processed from 11/15/1999 through 12/15/1999.

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 Hammer Medical Supply, 250 Grand Avenue, Oskaloosa, IA 50309 Referred by: Howard Johnson, M.D.						
11/13/99	1 Patient Lift Hydraulic (E0630-RRKJBPC) Rental	\$95.00	\$68.83	\$55.06	\$13.77	a

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 Supplies For You, 111 Fien Road, Jacksonville, FL 32231 Referred by: U.R. Allright, M.D.						
11/24/99	1 Blood Glucose Monitor Home (E0607-NYZXCC)	\$52.10	\$52.10	\$41.68	\$52.10	

Notes Section:

a Payment is reduced by 25% beginning the 4th month of rental.

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

Continued EXHIBIT 4 - Assigned/Unassigned DME Rental

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Your Medicare Number: 111-11-1111A

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 January 20, 2000. 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 **June 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 () _____