



Medicare Summary Notice

June 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 from 05/15/1998 through 06/15/1998.

PART B MEDICAL INSURANCE - OUTPATIENT 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						
Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209						
Referred by: Paul Jones, M.D.						
10/05/97-10/05/97	Imaging Services (76091)	\$27.00	\$0.00	\$5.40	\$0.00	a
Claim number 12435-84956-84556-45621						
Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209						
Referred by: Paul Jones, M.D.						
11/06/97-11/06/97	Multichannel test (80019)	\$58.19	\$0.00	\$0.00	\$0.00	b
	Thyroid Panel (80092)	75.00	0.00	0.00	0.00	b
	Urinalysis (81000)	16.25	0.00	0.00	0.00	b
	Claim Total	\$149.25	\$0.00	\$0.00	\$0.00	

Notes Section:

- a A payment of \$5.60 is enclosed which represents the amount you overpaid the provider.
- b This service is paid at 100% of the Medicare approved amount.

Deductible Information:

You have met the Part B deductible for 1997.

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

Continued EXHIBIT 6 - Split Pay Claim, Patient Paid, 100% Services

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Page 2 of 2
June 15, 1998

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 B (Outpatient)

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