



# 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:** Do not sell or give away your Medicare Summary Notice.

This is a summary of claims processed on 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						
Sick Hospital, 123 Medicare Lane, Dallas, TX 75209						
Referred by: Dr. Pain, M.D.						
05/01/98	Pharmacy	\$180.00	\$0.00	\$36.00	\$0.00	a
	Take Home Drugs	20.00	20.00	0.00	20.00	b
	Automated Multichannel Test (80019)	400.00	0.00	0.00	0.00	c
	Radiological Exam	600.00	0.00	120.00	0.00	a
	<b>Claim Total</b>	<b>\$1,200.00</b>	<b>\$20.00</b>	<b>\$156.00</b>	<b>\$20.00</b>	

### Notes Section:

- a Your responsibility on this claim has been reduced by the amount paid by your primary insurer.
- b Medicare does not pay for this item or service.
- c This service is paid at 100% of the Medicare approved amount.

### Deductible Information:

You have met the Part B deductible for 1998.

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

**Continued EXHIBIT 8 - MSP with Noncovered Charge**

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**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 Exhibit 1 address in the "Customer Service Information" box on Page 1.
- 3) Sign here \_\_\_\_\_ Phone number (     ) \_\_\_\_\_