



Medicare Summary Notice

June 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: Protect your Medicare number as you would a credit card number.

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 ABC Group Practice, 789 North Avenue, Jacksonville, FL 32231 Referred by: Andrew Smith, M.D. Paul Wilson, M.D.						a
05/10/99	1 X-Ray Exam of Neck Spine (72052-26)	\$55.00	\$20.85	\$16.68	\$0.00	b,c
05/10/99	1 Cat Scan of Head or Brain (70450-26GA)	143.00	0.00	0.00	143.00	d,e,f
05/10/99	1 X-Ray of Hand (73130-26)	30.00	10.01	6.92	0.00	b,c
05/10/99	1 X-Ray of Shoulder (73030-26)	33.00	10.33	0.00	0.00	b,c
Claim Total		\$261.00	\$41.19	\$23.60	\$143.00	

Notes Section:

- a Medicare's secondary payment is \$23.60. This is the difference between the primary insurer's approved amount of \$118.00 and the primary insurer's paid amount of \$94.40.
- b Medicare benefits are reduced because some of these expenses have been paid by your primary insurer.
- c The amount listed in the "You May Be Billed" column assumes that your primary insurer paid the provider. If your primary insurer paid you, then you are responsible to pay the provider the amount your primary insurer paid to you plus the amount in the "You May Be Billed" column.

(continued)

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

Notes Section (continued):

- d Medicare cannot pay for this service for the diagnosis shown on the claim.
- e Our records show that you were informed in writing, before receiving the service, that Medicare would not pay. You are liable for this charge. If you do not agree with this statement, you may ask for a review.
- f The amount listed in the "You May Be Billed" column assumes that your primary insurer made no payment for this service. If your primary insurer did make payment for this service, the amount you may be billed is the difference between the amount charged and the primary insurer's payment.

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 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 () _____