



# Medicare Summary Notice

April 10, 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 telemarketers offering free or discounted Medicare items or services.

This is a summary of claims processed from 03/01/1998 through 03/31/1998.

### HOME HEALTH FACILITY CLAIMS

Dates of Service	Number of Services Provided	Amount Charged	Non-Covered Charges	Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621 Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602 Referred by: Dr. Dan Visit, M.D.						
12/25/97	Med-Surg Supplies	\$154.25	\$0.00	\$0.00	\$0.00	
12/31/97	2 Physical Therapy Visits	125.00	125.00	0.00	125.00	a
	2 Skilled Nursing Visits	1,000.00	0.00	0.00	0.00	
	<b>Claim Total</b>	<b>\$1,279.25</b>	<b>\$125.00</b>	<b>\$0.00</b>	<b>\$125.00</b>	
Claim number 12435-84956-84556-45621 Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602 Referred by: Dr. Dan Visit, M.D.						
01/01/98-01/24/98	4 Home Health Aid Visits	\$1,279.25	\$0.00	\$0.00	\$0.00	
Claim number 12435-84956-84556-45621 Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602 Referred by: Dr. Dan Visit						
01/25/98-02/24/98	Hospital Bed	\$1,375.00	\$0.00	\$275.00	\$0.00	

### Notes Section:

a The information provided does not support the need for this many services or items.

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

**Continued EXHIBIT 12 - Home Health**

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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 A (Inpatient)**

**If you disagree with any claims decision on this notice, you can request an appeal by June 10, 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 (    ) \_\_\_\_\_