

CURRENT MEDICARE SUMMARY NOTICE

For Part B (Medical Insurance)

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123456789
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November 3, 2009

Medicare Summary Notice

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-1234A

If you have questions, call:
1-800-MEDICARE
(1-800-633-4227) (#13202)

Ask for Doctor's Services
TTY for hearing impaired: 1-877-486-2048

Appeals Address: Please see the
Appeals Information - Part B Section.

Facility Name
Beneficiary Name
Street address
City, State 12345-6789

BE INFORMED: Treat your Medicare Card as you would a credit card.

This is a summary of claims processed on 10/08/2009.

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 XX-XXXXX-XXX-XXX						
John Doe MD PC, Suite 104, 123 Any Street, Anytown, NY 11023-2432						
Dr. Someone, first name						
09/23/09	1.0 Office/outpatient visit est (99214)	\$116.60	\$101.39	\$81.11	\$20.28	
09/23/09	1.0 Prescrip not gen at encounte (G8445)	0.01	0.00	0.00	0.00	a
09/23/09	1.0 Electrocardiogram complete (93000)	27.81	0.00	0.00	0.00	b,c
09/23/09	1.0 Flu vaccine, 3 yrs & >, im (90658-GW)	15.00	13.22	13.22	0.00	d
09/23/09	1.0 Immunization admin (90471)	27.85	24.22	19.38	4.84	
09/23/09	1.0 Pm device eval in person (93288)	56.81	49.40	39.52	9.88	
Claim Total		\$244.08	\$188.23	\$153.23	\$35.00	

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

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The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

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Facility Name
Your Name Here
Street Address
City, State 12345-6789

THIS IS NOT A BILL

Notice for Your Name

Medicare Number	XXX-XX-1234A
Date of This Notice	September 16, 2011
Claims Processed Between	June 15 - September 15, 2011

Your Claims & Costs This Period

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	2
See claims starting on page 3. Look for NO in the "Service Approved?" column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$150.86

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85** of your **\$162** deductible for 2011.

Be Informed!

Register at www.MyMedicare.gov for direct access to your Original Medicare claims, track your preventive services and print an "On the Go" report to share with your provider. Visit the Web site to sign up and access your personal Medicare information.

Providers with Claims This Period

June 18, 2011
Jane Doe, M.D.

June 28, 2011
John Doe, M.D.

June 29 - June 30, 2011
Any Doctor, M.D.

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果需要国语帮助, 请致电联邦医疗保险, 请先说"agent", 然后说"Mandarin".

1-800-MEDICARE (1-800-633-4227)

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Your Medicare Number: **XXX-XX-1234X**

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Notes Section:

- a This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.
- b Payment is included in another service received on the same day.
- c You do not have to pay this amount.
- d This service is paid at 100% of the Medicare approved amount.
- c We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is your supplemental insurer(s).
- f As requested, this is a duplicate copy of your Medicare Summary Notice.

Deductible Information:

You have met the Part B deductible for 2009.

General Information:

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Tune in to "CMS & You": a cable TV show covering Medicare, Medicaid, SCHIP information and other healthcare issues hosted by the New York Regional Office of the Centers for Medicare & Medicaid Services (CMS). Check your local listings for time and date of showing. The programs are broadcast by Time Warner Cable in Manhattan (channels 34 & 56) and Queens (channels 35 & 36); Cablevision in Brooklyn (channels 67, 68, 69, 70).

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Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

Did you get the services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, tax payers saved **\$4 billion**—the largest sum ever recorded in a single year—thanks in large part to people who came forward and reported suspicious activity.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "doctors services." Your customer-service code is 05535.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit www.MyMedicare.gov for a personalized list.

Your Messages from Medicare

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

Do You Use Therapy Services? Watch the limit! In 2011, Medicare's annual coverage limit for most outpatient physical therapy and speech language pathology is \$1,860 combined.

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General Information (continued):

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare Claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

The Medicare Summary Notice is now available in Spanish. If you or someone you know would like to receive the Medicare Summary Notice in Spanish, please contact us at: 1-800-MEDICARE (1-800-633-4227).

Si usted o alguien que usted conoce dese recibir el Resumen de Medicare en Espa ol, favor de llamarnos al: 1-800-MEDICARE (1-800-633-4227).

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

Colorectal cancer is the second leading cancer killer in the United States. Medicare helps pay for colorectal cancer screening tests. Talk to your doctor about screening options that are right for you.

Appeals Information - Part B

If you disagree with any claims decision on this notice, your appeal must be received by **March 8, 2010**. 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 National Government Services, Inc., P.O. Box 7111, Indianapolis, IN 46207-7111. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number _____

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Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Definitions of Columns

Service Approved?: This column tells you if Medicare covered this service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

June 18, 2011

Jane Doe, M.D., (XXX)XXX-XXXX
Physical Therapy, Main Street, Any Town, Any State XXXXX

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes (97110)	Yes	\$45.00	\$28.54	\$22.83	\$5.71	
Total for Claim #99-99999-999-999		\$45.00	\$28.54	\$22.83	\$5.71	A

Continued →

Notes for Claims Above

A Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

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Supplement Page

IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE PART B BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

CENTERS for MEDICARE & MEDICAID SERVICES

EOB SB086(04/09)

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June 28, 2011

John Doe, M.D., (XXX)XXX-XXXX
Eye Glass Center, Any Town, Any State, XXXXX

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	
Computerized mapping of corneal curvature (92025)	Yes	0.00	0.00	0.00	0.00	B
Total for Claim #99-99999-999-999		\$143.00	\$107.97	\$86.38	\$21.59	C

June 29 – June 30, 2011

Any Doctor, M.D., (XXX)XXX-XXXX
Cardiology, Any Town, Any State, XXXXX
Referred by Jane Doe

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
June 29, 2011						
Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report (93010)	NO	\$55.00	\$0.00	\$0.00	\$55.00	D,E
June 30, 2011						
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	D
Total for Claim #99-99999-999-999		\$123.56	\$0.00	\$0.00	\$123.56	C

Notes for Claims Above

- B** This line is for reporting purposes only. You should not be charged. If there is a fee listed, you do not have to pay.
- C** Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.
- D** This service was denied. The information provided does not support the need for this service or item.
- E** A National Coverage Determination (NCD) or Local Coverage Determination (LCD), was used when we made this decision. These policies provide a guide to help in determining whether a particular item or service is covered by Medicare. A copy of this policy is available by calling 1-800-MEDICARE (1-800-633-4227). Policy #L27490.

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Your Name Here

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How to Handle Denied Claims or File an Appeal

Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

January 14, 2011

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including how to appoint a representative.

Call your provider: Ask your provider for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office
c/o First Coast Service Options, Inc.
Street Address
City, ST 12345-6789