



Medicare Summary Notice

July 1, 2008

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CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

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If you have questions, write or call:

Medicare (#12345)
555 Medicare Blvd., Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask for Doctor Services
TTY for Hearing Impaired: 1-877-486-2048

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BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

BE INFORMED: Beware of telemarketers offering free or discounted medicare items or services.

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This is a summary of claims processed from 04/1/2008 through 06/1/2008.

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: 12435-84956-84556						
Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024						
Referred by: Scott Wilson, M.D.						
		10	11	12	13	a 14
04/19/08	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	b
04/19/08	1 Admin. flu vac (G0008)	5.00	3.43	3.43	0.00	b
Claim Total		\$10.00	\$7.31	\$7.31	\$0.00	
Claim Number: 12435-84956-84557						
ABC Ambulance, P.O. Box 2149, Jacksonville, FL 33231						
04/25/08	1 Ambulance, base rate (A0020)	\$289.00	\$249.78	\$199.82	\$49.96	
04/25/08	1 Ambulance, per mile (A0021)	21.00	16.96	13.57	3.39	
Claim Total		\$310.00	\$266.74	\$213.39	\$53.35	

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PART B MEDICAL INSURANCE - UNASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
William Newman, M.D., 362 North Street						
Claim Number: 12435-84956-84558						
Jacksonville, FL 33231-0024						
04/10/08	1 Office/Outpatient Visit, ES (99213)	\$47.00	\$33.93	\$27.15	\$39.02	c

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

Your Medicare Number: 111-11-1111A

Notes Section:

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- a This information is being sent to your private insurer. They will review it to see if additional benefits can be paid. Send any questions regarding your supplemental benefits to them.
 - b This service is paid at 100% of the Medicare approved amount.
 - c Your doctor did not accept assignment for this service. Under Federal law, your doctor cannot charge more than \$39.02. If you have already paid more than this amount, you are entitled to a refund from the provider.

Deductible Information:

17 You have met the Part B deductible for 2008.

General Information:

18 You have the right to make a request in writing for 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 and abuse, call the phone number in the Customer Service Information Box.

Appeals Information - Part B

19 **If you disagree with any claims decisions on this notice, your appeal must be received by November 1, 2008. 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. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone number _____



Connecting Older Adults with Community-based Resources and Options

Reading Your Medicare Summary Notice: Medicare Part B Benefits

1. **Date:** This is the date that your Medicare Summary Notice was sent.
2. **Customer Service Information:** This is who you can contact if you have questions about your MSN. Provide your Medicare number (3), the date the MSN was sent (1), and the date of the service you have a question about (7).
3. **Medicare Number:** This is the number on your Medicare card. (**NOTE: Medicare will not list your full Medicare number, just the last 4 numbers and the letter at the end.**)
4. **Name and Address:** This should be your name and address. If it is wrong, you should contact the company listed in the "Customer Service Information" box (2), and the Social Security Administration immediately.
5. **Be informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
6. **Part B Medical Insurance - Assigned Claims:** Type of service. See the back of MSN for information about assignment. (Please Note: For unassigned services, this section is called "Part B Medical Insurance - Unassigned Claims.")
7. **Claim Number:** Each service listed, or "claim," will have its own number.
8. **Provider's Name and Address:** This should be the name and address for the place that provided the service (doctor, lab, etc.). The doctor's name should be the name of the doctor that referred you for the service. The address shown is the billing address, which may be different from where you received the service(s).
9. **Dates of Service:** These are the dates the service was provided. You may use these dates to compare with the dates on your hospital bill.

The Area Agency on Aging of Suburban Cook County, since 1974

10. **Amount Charged:** This is the total amount the provider billed to Medicare.
11. **Medicare Approved:** This is the amount Medicare approves for this service or supply.
12. **Medicare Paid Provider:** This is the amount Medicare paid to the provider. (Please Note: For “unassigned” services, this column is called “Medicare Paid You.”)
13. **You May Be Billed:** This is the total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
14. **See Notes Section:** If there are letters in this column, look at the Notes Section (16) for an explanation.
15. **Services Provided:** Brief description of the service or supply received.
16. **Notes Section:** This section explains letters in the “See Notes Section” column (13).
17. **Deductible Information:** How much of your deductible you have met (already paid) for this benefit period.
18. **General Information:** Important Medicare news and information.
19. **Appeals Information:** How and when to request an appeal.

Information for this guide was taken in part from the Medicare website (<http://www.medicare.gov/basics/SummaryNotice.asp>), which was updated March 27, 2008. Some changes were made to the original document in creating this handout.

