



Medicare Summary Notice

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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 Hospital 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 "free" medical services or products. If it sounds too good to be true, it probably is.

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

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PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84556-45621 Cure Hospital, 213 Sick Lane, Dallas, TX 75555 Referred by: Paul Jones, M.D. 04/25/08 - 05/09/08	14 days	\$0.00	\$1024.00	\$1024.00	a, b, c
Claim Number: 12435-84956-84556-45622 Continued Care Hospital, 124 Sick Lane, Dallas, TX 75555 Referred by: Paul Jones, M.D. 05/09/08 - 05/20/08	11 days	\$0.00	\$0.00	\$0.00	

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: 12435-8956-8458 Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209 Referred by: Paul Jones, M.D. 04/25/08	L.V. Therapy (Q0081) Lab (3810) Operating Room (31628) Observation Room (99201) Claim Total	\$33.00 1,140.50 786.50 293.00 \$2,253.00	\$0.00 0.00 0.00 0.00 \$0.00	\$6.60 228.10 157.30 58.60 \$450.60	\$6.60 228.10 157.30 58.60 \$450.60	d (continued)

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

Your Medicare Number: 111-11-1111A

Notes Section:

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- a The amount Medicare paid the provider for this claim is \$XXXX.XX.
 - b \$994.00 was applied to your inpatient deductible.
 - c \$30.00 was applied to your blood deductible.
 - d The amount Medicare paid the provider for this claim is \$XXXX.XX.

Deductible Information:

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- You have met the Part A deductible for this benefit period.
 - You have met the Part B deductible for 2008.
 - You have met the blood deductible for 2008.

General Information:

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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 A (Inpatient) and Part B (Outpatient)

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If you disagree with any claims decisions on either Part A or Part B of 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 A 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 A Hospital Insurance – Inpatient Claims:** This is a list of services that Medicare covered for you. On a Part A Medicare Summary Notice, this will be hospital visits, skilled nursing care, etc. On a Part B Medicare Summary Notice, this section is called “**Part B Medical Insurance—Outpatient Facility Claims,**” and you will see a list of doctor’s appointments and other “outpatient” services.
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 (the hospital, for example). 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).

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

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.
10. **Benefit Days Used:** (Only on Part A notices!) This column shows the number of days that you have used in your current benefit period. See the back of your MSN for an explanation of benefit periods.
11. **Non-Covered Charges:** If there are charges in this column, it means that all or part of the charge for the service was denied or excluded by the Medicare program. You may be billed for any non-covered charges.
12. **Deductible and Coinsurance:** This column will list how much of the charge for the service was paid for by your deductible and coinsurance.
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 (15) for an explanation.
15. **Notes Section:** This section explains letters in the “See Notes Section” column (13).
16. **Deductible Information:** How much of your deductible you have met (already paid) for this benefit period.
17. **General Information:** Important Medicare news and information.
18. **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.

