CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 928	**Date: July 29, 2011**
	Change Request 7449

SUBJECT: Systems Analysis of New Medicare Summary Notice (MSN) Design

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services (CMS) has undertaken a redesign of the MSN, in order to make this document current and consistent with all applicable statutes and laws, and to render it more easily and widely understood by the beneficiary population that it serves. A potential new design (a color version and a black and white version) is being presented to the contractors for their review, so they may provide cost estimates on implementing these new designs, as well as descriptions of any potential difficulties they anticipate encountering during this process.

EFFECTIVE DATE: January 1, 2010
IMPLEMENTATION DATE: January 3, 2012

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 928	Date: July 29, 2011	Change Request: 7449

SUBJECT: Systems Analysis of New Medicare Summary Notice (MSN) Design

Effective Date: January 1, 2010

Implementation Date: January 3, 2012

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) has undertaken a redesign of the MSN, in order to make this document current and consistent with all applicable statutes and laws, and to render it more easily and widely understood by the beneficiary population that it serves. A potential new design (a color version and a black & white version) is being presented to the contractors for their review, so they may provide cost estimates on implementing these new designs, as well as descriptions of any potential difficulties they anticipate encountering during this process.

The attached MSN designs are DRAFT versions only. CMS still has two more rounds of beneficiary testing, and several rounds of revisions, before the designs will be finalized (estimated August 2011).

B. Policy: Per section 1806(a) of the Social Security Act (the Act), CMS is required to provide an MSN (Part A, Part B, and/or DME) to each Medicare beneficiary. Applicable statues/legislation/court decisions that impact the content and format of the MSN are: section 1806(b) of the Act; section 1816(j) of the Act; section 1842(h)(7) of the Act; section 1848(g) of the Act; section 1869(a)(4) of the Act; section 1869(a)(4)(C) of the Act; 42 C.F.R. section 405.921; section 925 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173; the Plain Writing Act of 2010; Gray Panthers v. Schweiker, 652 F. 2d 146, 168 (D.C. Cir. 1980); David v. Heckler, 591 F.Supp. 1033 (E.D.N.Y 1984); Vorster v. Bowen, 709 F.Supp 934 (C.D. Cal. 1989); Connecticut Department of Social Services v. Leavitt, 428 F.3d 138 (2d Cir. 2005).

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7449.1	Contractors shall report to CMS if they envision any difficulties implementing programming for the new MSN						X	X	X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	design.										
7449.1.1	Contractors shall detail any issues they discover regarding the implementation process.						X	X	X		
7449.1.2	Contractors shall describe how any problems discovered regarding the implementation process could potentially be resolved.						X	X	X		
7449.2	Contractors shall provide an estimate of how much it will cost (in hours and/or dollars) to implement the programming for the new MSN design.						X	X	X		
7449.3	Contractors shall provide an estimate of how long it will take to implement the programming, once they receive final specifications.						X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	All information and estimates should be reported to Scott Schiller via e-mail at scott.schiller@cms.hhs.gov.

Section B: For all other recommendations and supporting information, use this space: NA

V. CONTACTS

Pre-Implementation Contact(s): Contact Scott Schiller at scott.schiller@cms.hhs.gov or by phone at (410) 786-4514.

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs),* include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments

DME

Medicare Summary Notice
for Part B (Medical Insurance)

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

Jennifer Washington
c/o name
Street Address
City, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	**XXX-XX-1234A**
Date of Notice	**December 18, 2011**
Claims Processed	**Oct. 20 – Dec. 17, 2011**

Your Deductible Status

Your deductible is what you must pay for health care before Medicare or your other insurer begins to pay.

Part B: You have 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, sign up, and Medicare will send you a password to allow you access to your personal Medicare information.

Your Claims & Costs This Quarter

All Claims Approved by Medicare?	**YES**
See page 2 for how to double-check your claims.	
Total You May Be Billed	**$61.31**
Sent to Your Supplement Insurance	**YES**
Wellmark BlueCross BlueShield of N. Carolina	

Suppliers with Claims This Quarter

May 9, 2011
Lincare Inc.
Referred by John K Whalen

May 9, 2011
Lincare Inc.
Referred by John K Whalen

November 12, 2011
Prof Healing Solutions
Referred by Barry Dick

November 6 – December 8, 2011
Walgreens Co
Referred by Patrick T Burns

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.
如果需要国语救助, 请打联邦医疗保险, 先说 "agent" ,然后说 "Mandarin." **1-800-MEDICARE (1-800-633-4227)**

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the names of each medical supplier? Check the dates. Did you have an appointment that day?

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

If you already paid the bill, did you pay the right amount? Check to see if the claim was sent to your Medicare supplement insurance (Medigap) plan. That plan may pay your share.

How to Report Fraud

If you see claims for services or items you didn't get, or if you think a supplier is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

You can make a difference! Last year, Medicare saved tax-payers $4 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Free Medicare Assistance

Did you know you can contact your State Health Insurance Program (SHIP) for free, local health insurance counseling? Your SHIP's telephone number is **1-555-555-5555**.

How to Contact Medicare

1-800-MEDICARE (1-800-633-4227)
Ask for "medical supplies." Your customer-service code is 05535.

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

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.

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

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.

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services. Call your supplier with any questions about the claims on this notice.

Definitions of column headers:

Item Approved?: This column tells you if Medicare covered this medical supply or service.

Amount Supplier Charged: This is your supplier's fee for this supply.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare supply. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this amount as full payment for covered services.

Amount Medicare Paid: This column shows the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the supplier is allowed to bill you. If you have Medicare Supplement Insurance (Medigap policy), it may pay all or part of this amount.

See Notes Below: If there is a letter in this column, look at the bottom of the page for more information.

May 9, 2011

Lincare Inc., (555) 555-1234
PO BOX 996, Blue Springs, MO 64013-0996
Referred by John K Whalen

Service Provided & Billing Code	Item Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Oxygen Concentrator Rental (E1390-RR)	Yes	$442.00	$173.17	$138.54	**$34.63**	**A**
Total for Claim #10334829487000		$442.00	$173.17	$138.54	**$34.63**	**B**

Claims continue on the next page. →

Notes for Claims Above

A Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.

B We have sent your claim to your Medicare Supplement Insurance (Medigap policy). Send any questions regarding your benefits to them. Your Medicare Supplement Insurance is Wellmark BlueCross BlueShield of N. Carolina.

May 9, 2011

Lincare Inc., (555) 555-1234
PO BOX 996, Blue Springs, MO 64013-0996
Referred by John K Whalen

Service Provided & Billing Code	Item Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Portable gaseous 02 Rental (E0431-RR)	Yes	$117.61	$28.77	$23.02	**$5.75**	**C**
Total for Claim #10334829489000		$117.61	$28.77	$23.02	**$5.75**	**D**

November 12, 2011

Prof Healing Solutions, (555) 555-1234
2497 S Roane St, Ste 220, Harriman, TN 37748-8689
Referred by Barry Dick

Service Provided & Billing Code	Item Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Conform band s w>=3 <5 /yd dressing for one wound (A6446-A1)	Yes	$31.00	$27.09	$21.67	**$5.42**	
Total for Claim #10323807216000		$31.00	$27.09	$21.67	**$5.42**	**D**

November 6 – December 8, 2011

Walgreen Co, (555) 555-1234
PO BOX 90482, Chicago, IL 60696-0482
Referred by Patrick T Burns

Service Provided & Billing Code	Item Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Blood glucose/reagent strips specific required documentat(A4253-NUKX)	Yes	$124.99	$77.56	$62.05	**$15.51**	
Total for Claim #10320806344000		$124.99	$77.56	$62.05	**$15.51**	**D**

Notes for Claims Above

C Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.

D We have sent your claim to your Medicare Supplement Insurance (Medigap policy). Send any questions regarding your benefits to them. Your Medicare Supplement Insurance is Wellmark BlueCross BlueShield of N. Carolina.

How to Handle Denied Claims or File an Appeal

Get More Details from Your Supplier

If a claim was denied, call your supplier. Make sure they sent in the right information.

If not, ask them to send the claim in again. You can ask for an itemized statement for any claim. Send your supplier a request in writing.

Contact Our Claims Office

Mail any questions or requests to:

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

Or, call 1-800-MEDICARE (1-800-633- 4227).
TTY users call 1-877-486-2048.

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

File an appeal in writing. Use the form to the right. **Mail the appeal within 120 days from the date you get this notice.** We've estimated your deadline to be:
February 19, 2012

If You Need Help with Your Request

You must file your appeal in writing, but you can call your provider or Medicare for help before you file.

Find Out More About Appeals

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

Request an Appeal in Writing

Follow these steps:

1. Circle the item(s) you disagree with on this notice.
2. On a separate page(s), explain in writing why you disagree. Attach it to this notice.
3. Fill in all of the following:

   Your full name (print)

   Your signature

   Your telephone number

   Your complete Medicare Number

4. Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
5. Write your Medicare number on all documents you send in.
6. Make copies of this notice and all supporting documents for your records.
7. Send this notice and all supporting documents to the Claims Office address listed to the left.

What Happens After You Appeal

If Medicare won't cover the item(s), you will get a decision letter within 60 days of when we receive your request. If Medicare will cover the item, it will be listed on your next Medicare Summary Notice.

Medicare Summary Notice
for Part B (Medical Insurance)

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

Jennifer Washington
c/o name
Street Address
City, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	**XXX-XX-1234A**
Date of Notice	**December 18, 2011**
Claims Processed	**Oct. 20 – Dec. 17, 2011**

Your Deductible Status

Your deductible is what you must pay for health care before Medicare or your other insurer begins to pay.

Part B: You have 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, sign up, and Medicare will send you a password to allow you access to your personal Medicare information.

Your Claims & Costs This Quarter

All Claims Approved by Medicare?	**YES**
See page 2 for how to double-check your claim.	
Total You May Be Billed	**$0.00**
Sent to Your Supplement Insurance	**YES**
Wellmark BlueCross BlueShield of N. Carolina	

Facilities with Claims This Quarter

July 19 – November 22, 2011
The New York and Presbyterian Hospital
Referred by Selim M. Arcasoy

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.
如果需要国语救助, 请打联邦医疗保险, 先说 "agent" ,然后说 "Mandarin." **1-800-MEDICARE (1-800-633-4227)**

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the names of each facility? Check the dates. Did you have an appointment that day?

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

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

How to Report Fraud

If you see claims for services or items you didn't get, or if you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

You can make a difference! Last year, Medicare saved tax-payers $4 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Free Medicare Assistance

Did you know you can contact your State Health Insurance Program (SHIP) for free, local health insurance counseling? Your SHIP's telephone number is **1-555-555-5555**.

How to Contact Medicare

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)

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.

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

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.

Your Outpatient Claims for Part B (Medical Insurance)

Part B Outpatient Medical Insurance helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers. Call your facility with any questions about the claims on this notice.

Definitions of column headers:

Item Approved?: This column tells you if Medicare covered any portion of the outpatient service.

Amount Facility Charged: This is your outpatient facility's fee for this service.

Medicare-Approved Amount: This is the amount a facility can be paid for a Medicare service. It may be less than the actual amount the facility charged. The facility has agreed to accept this amount as full payment for covered services.

Amount Medicare Paid: This column shows the amount Medicare paid the facility. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the facility is allowed to bill you. If you have Medicare Supplement Insurance (Medigap policy), it may pay all or part of this amount.

See Notes Below: If there is a letter in this column, look at the bottom of the page for more details.

October 19–November 22, 2011

The New York and Presbyterian Hospital, (555) 555-1234
525 East 68th Street, New York NY 10065-4870
Referred by Selim M. Arcasoy

Service Provided & Billing Code	Item Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Liver function blood test panel (80076)	Yes	$69.46	$69.46	$69.46	**$0.00**	**A**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**A**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**A**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**A**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**A**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**A**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**$0.00**	**A**

Control #21035000422104NYA

(continued)

Claims continue on the next page. →

Notes for Claims Above

A This service is paid at 100% of the Medicare-approved amount.

October 19 – November 22, 2011/ The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Item Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Liver function blood test panel (80076)	Yes	69.46	69.46	69.46	**0.00**	**B**
Drug screen (80101)	Yes	81.68	81.68	81.68	**0.00**	**B,C**
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	**0.00**	**B**
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	**0.00**	**B**
Vancomycin (antibiotic) level (80202)	Yes	134.51	134.51	134.51	**0.00**	**B**
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	**0.00**	**B**

Control #21035000422104NYA (continued)

Claims continue on the next page. →

Notes for Claims Above

B This service is paid at 100% of the Medicare-approved amount.

C A National Coverage Determination (NCD) or Local Coverage Determination (LCD), was used when we made this decision. An LMRP/LCD provides 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 #L27375.

October 19 – November 22, 2011/ The New York and Presbyterian Hospital continued...

Service Provided & Billing Code	Item Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	**0.00**	**D**
Manual urinalysis test with examination using microscope (81001)	Yes	47.41	47.41	47.41	**0.00**	**D**
Manual urinalysis test with examination using microscope (81001)	Yes	94.82	94.82	94.82	**0.00**	**D**
Automated urinalysis test (81003)	Yes	36.38	36.38	36.38	**0.00**	**D**
Urine chloride level (82436)	Yes	44.10	44.10	44.10	**0.00**	**D**
Urine chloride level (82436)	Yes	44.10	44.10	44.10	**0.00**	**D**
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	**0.00**	**D**
Blood gases measurement (82805)	Yes	121.28	121.28	121.28	**0.00**	**D**
Blood gases measurement (82805)	Yes	485.12	485.12	485.12	**0.00**	**D**
Blood gases measurement (82805)	Yes	606.40	606.40	606.40	**0.00**	**D**
Blood gases measurement (82805)	Yes	606.40	606.40	606.40	**0.00**	**D**
Blood gases measurement (82805)	Yes	485.12	485.12	485.12	**0.00**	**D**
Blood gases measurement (82805)	Yes	485.12	485.12	485.12	**0.00**	**D**
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	**0.00**	**D**
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	**0.00**	**D**
Blood gases measurement (82805)	Yes	242.84	242.84	242.84	**0.00**	**D**
Blood gases measurement (82805)	Yes	242.56	242.56	242.56	**0.00**	**D**
Blood gases measurement (82805)	Yes	242.56	242.56	242.56	**0.00**	**D**
Blood gases measurement (82805)	Yes	363.84	363.84	363.84	**0.00**	**D**
Blood gases measurement (82805)	Yes	242.56	242.56	242.56	**0.00**	**D**
Chemical analysis using spectrophotometry (light) (84311)	Yes	347.29	347.29	347.29	**0.00**	**D**
Chemical analysis using spectrophotometry (light) (84311)	Yes	347.29	347.29	347.29	**0.00**	**D**
Thyroxine (thyroid chemical) measurement (84439)	Yes	151.04	151.04	151.04	**0.00**	**D**
Total for Control #21035000422104NYA		$7,915.50	$7,915.50	$7,915.50	**$0.00**	

Notes for Claims Above

D This service is paid at 100% of the Medicare-approved amount.

How to Handle Denied Claims or File an Appeal

Get More Details from Your Facility

If a claim was denied, call the hospital or facility. Make sure they sent in the right information. If not, ask them to send the claim in again.

You can ask for an itemized statement for any claim. Send your facility a request in writing.

Contact Our Claims Office

Mail any questions or requests to:

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

Or, call 1-800-MEDICARE (1-800-633- 4227).
TTY users call 1-877-486-2048.

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

File an appeal in writing. Use the form to the right. **Mail the appeal within 120 days from the date you get this notice.** We've estimated your deadline to be: **February 19, 2012**

If You Need Help with Your Request

You must file your appeal in writing, but you can call your facility or Medicare for help before you file.

Find Out More About Appeals

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

Request an Appeal in Writing

Follow these steps:

1. Circle the item(s) you disagree with on this notice.
2. On a separate page(s), explain in writing why you disagree. Attach it to this notice.
3. Fill in all of the following:

   Your full name (print)

   Your signature

   Your telephone number

   Your complete Medicare Number

4. Include any other information you have about your appeal. You can ask your facility for any information that will help you.
5. Write your Medicare number on all documents you send in.
6. Make copies of this notice and all supporting documents for your records.
7. Send this notice and all supporting documents to the Claims Office address listed to the left.

What Happens After You Appeal

If Medicare won't cover the item(s), you will get a decision letter within 60 days of when we receive your request. If Medicare will cover the item, it will be listed on your next Medicare Summary Notice.

Medicare Summary Notice
for Part A (Hospital Insurance)

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

Jennifer Washington
c/o name
Street Address
City, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	**XXX-XX-1234A**
Date of Notice	**September 16, 2011**
Claims Processed	**Jul. 12 – Aug. 4, 2011**

Your Deductible Status

Your deductible is what you must pay for health care before Medicare or your other insurer begins to pay.

Part A: You have met **$0** of your **$1,068** deductible for **inpatient hospital** services for the benefit period that began May 27, 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, sign up, and Medicare will send you a password to allow you access to your personal Medicare information.

Your Claims & Costs This Quarter

All Items Approved by Medicare? **YES**

See page 2 for how to double-check your claims.

Total You May Be Billed **$0.00**

Sent to Your Supplement Insurance **YES**
Wellmark BlueCross BlueShield of N. Carolina

Facilities with Claims This Quarter

June 18 – June 20, 2011
Dr Otero Hospital

June 29, 2011
Dr Otero Hospital

July 1 – July 18, 2011
Lexington Health Center

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.
如果需要国语救助, 请打联邦医疗保险, 先说 "agent" ,然后说 "Mandarin." **1-800-MEDICARE (1-800-633-4227)**

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the names of each facility? Check the dates. Did you have an appointment that day?

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

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

How to Report Fraud

If you see claims for services or items you didn't get, or if you think a facility is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

You can make a difference! Last year, Medicare saved tax-payers $4 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Free Medicare Assistance

Did you know you can contact your State Health Insurance Program (SHIP) for free, local health insurance counseling? Your SHIP's telephone number is **1-555-555-5555**.

How to Contact Medicare

1-800-MEDICARE (1-800-633-4227)
Ask for "hospital services." Your customer-service code is 05535.

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

Your Benefit Days

Every day that you spend in a hospital or skilled nursing facility counts towards your limit for that benefit period. You may pay a different amount, depending on how many benefit days you have left. This is how many benefit days you have, as of this notice.

Inpatient Hospital: You have **27 days** remaining for the benefit period that began May 27, 2011.

Skilled Nursing Facility: You have **63 days** remaining for the benefit period that began July 1, 2011.

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.

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

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.

Your Inpatient Claims for Part A (Hospital Insurance)

Part A Inpatient 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. Call your facility with any questions about the claims on this notice.

Definitions of column headers:

Hospital Stay: Inpatient services are measured in benefit periods. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient care for 60 days in a row. There is no limit to the number of benefit periods you may have.

Benefit Days Used: Each hospital stay's number of days counts towards the limit for that benefit period.

Item Approved?: This column tells you if Medicare covered any portion of the inpatient stay.

Non-Covered Charges: The amount that Medicare did not cover.

Amount Medicare Paid: This column shows the amount Medicare paid your inpatient facility. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and other charges. See your "Medicare & You" handbook for details.

See Notes Below: If there is a letter in this column, look at the bottom of the page for more details.

June 18–June 20, 2011

Dr Otero Hospital, (555) 555-1234
PO Box 1142, Manati, PR 00674
Referred by Jesus Sarmiento Forasti

Hospital Stay	Benefit Days Used	Item Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	4 days	Yes	$0.00	$4,886.98	**$0.00**	
Control #20905400034102			$0.00	$4,886.98	**$0.00**	**A**

Notes for Claims Above

A Days are being subtracted from your total inpatient hospital benefits for this benefit period.

June 28, 2011

Dr Otero Hospital, (555) 555-1234
PO Box 1142, Manati, PR 00674
Referred by Carlos Santiago Diaz

Hospital Stay	Benefit Days Used	Item Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	1 day	Yes	$0.00	$6,583.00	**$0.00**	
Total for Control #20906900033902			$0.00	$6,583.00	**$0.00**	**B**

July 1 – July 18, 2011

Lexington Health Center, (555) 555-1234
815e Irving Park Rd, Streamwood, IL 60107-3073
Referred by Warren Pierce

Hospital Stay	Benefit Days Used	Item Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting July 1, 2011	17 days	Yes	$0.00	$7,012.27	**$0.00**	**C**
Total for Control #21034400232702ILA			$0.00	$7,012.27	**$0.00**	**D**

Notes for Claims Above

B Days are being subtracted from your total inpatient hospital benefits for this benefit period.

C This information is being sent to Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

D $2,062.50 was applied to your skilled nursing facility coinsurance.

How to Handle Denied Claims or File an Appeal

Get More Details from Your Facility

If a claim was denied, call the hospital or facility. Make sure they sent in the right information. If not, ask them to send the claim in again.

You can ask for an itemized statement for any claim. Send your facility a request in writing.

Contact Our Claims Office

Mail any questions or requests to:

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

Or, call 1-800-MEDICARE (1-800-633- 4227).
TTY users call 1-877-486-2048.

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File an appeal in writing. Use the form to the right. **Mail the appeal within 120 days from the date you get this notice.** We've estimated your deadline to be: **January 14, 2012**

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Medicare Summary Notice
for Part A (Hospital Insurance)

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

Jennifer Washington
c/o name
Street Address
City, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	**XXX-XX-1234A**
Date of Notice	**September 16, 2011**
Claims Processed	**Jul. 12 – Aug. 4, 2011**

Your Deductible Status

Your deductible is what you must pay for health care before Medicare or your other insurer begins to pay.

Part A: You have met **$0** of your **$1,068** deductible for **inpatient hospital** services for the benefit period that began May 27, 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, sign up, and Medicare will send you a password to allow you access to your personal Medicare information.

Your Claims & Costs This Quarter

All Items Approved by Medicare? **YES**

See page 2 for how to double-check your claims.

Total You May Be Billed **$0.00**

Sent to Your Supplement Insurance **YES**
Wellmark BlueCross BlueShield of N. Carolina

Facilities with Claims This Quarter

June 18 – June 20, 2011
Dr Otero Hospital

June 29, 2011
Dr Otero Hospital

July 1 – July 18, 2011
Lexington Health Center

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.
如果需要国语救助, 请打联邦医疗保险, 先说 "agent" ,然后说 "Mandarin." **1-800-MEDICARE (1-800-633-4227)**

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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.

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

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.

Your Inpatient Claims for Part A (Hospital Insurance)

Part A Inpatient 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. Call your facility with any questions about the claims on this notice.

Definitions of column headers:

Hospital Stay: Inpatient services are measured in benefit periods. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient care for 60 days in a row. There is no limit to the number of benefit periods you may have.

Benefit Days Used: Each hospital stay's number of days counts towards the limit for that benefit period.

Item Approved?: This column tells you if Medicare covered any portion of the inpatient stay.

Non-Covered Charges: The amount that Medicare did not cover.

Amount Medicare Paid: This column shows the amount Medicare paid your inpatient facility. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and other charges. See your "Medicare & You" handbook for details.

See Notes Below: If there is a letter in this column, look at the bottom of the page for more details.

June 18–June 20, 2011

Dr Otero Hospital, (555) 555-1234
PO Box 1142, Manati, PR 00674
Referred by Jesus Sarmiento Forasti

Hospital Stay	Benefit Days Used	Item Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	4 days	Yes	$0.00	$4,886.98	**$0.00**	
Total for Control #20905400034102			$0.00	$4,886.98	**$0.00**	**A**

Claims continue on the next page. →

Notes for Claims Above

A Days are being subtracted from your total inpatient hospital benefits for this benefit period.

June 28, 2011

Dr Otero Hospital, (555) 555-1234
PO Box 1142, Manati, PR 00674
Referred by Carlos Santiago Diaz

Hospital Stay	Benefit Days Used	Item Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2011	1 day	Yes	$0.00	$6,583.00	**$0.00**	
Total for Control #20906900033902			$0.00	$6,583.00	**$0.00**	**B**

July 1 – July 18, 2011

Lexington Health Center, (555) 555-1234
815e Irving Park Rd, Streamwood, IL 60107-3073
Referred by Warren Pierce

Hospital Stay	Benefit Days Used	Item Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting July 1, 2011	17 days	Yes	$0.00	$7,012.27	**$0.00**	**C**
Total for Control #21034400232702ILA			$0.00	$7,012.27	**$0.00**	**D**

Notes for Claims Above

B Days are being subtracted from your total inpatient hospital benefits for this benefit period.

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D $2,062.50 was applied to your skilled nursing facility coinsurance.

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Get More Details from Your Facility

If a claim was denied, call the hospital or facility. Make sure they sent in the right information. If not, ask them to send the claim in again.

You can ask for an itemized statement for any claim. Send your facility a request in writing.

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Medicare Summary Notice
for Part B (Medical Insurance)

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

Jennifer Washington
c/o name
Street Address
City, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	**XXX-XX-1234A**
Date of Notice	**September 16, 2011**
Claims Processed	**Jul. 12 – Aug. 4, 2011**

Your Deductible Status

Your deductible is what you must pay for health care before Medicare or your other insurer begins to pay.

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

Be Informed!

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Your Claims & Costs This Quarter

All Claims Approved by Medicare? **NO**
See page 5 for how to handle a denied claim.

Number of Items Medicare Denied **2**
See page 3 for claims. Look for **NO** by denied items.

Total You May Be Billed **$150.86**

Sent to Your Supplement Insurance **YES**
Wellmark BlueCross BlueShield of N. Carolina

Providers with Claims This Quarter

June 18, 2011
Susan Jones, M.D.

June 28, 2011
Craig I. Secosan, M.D.

June 29 – June 30, 2011
Edward J. Mcginley M.D.

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.
如果需要国语救助, 请打联邦医疗保险, 先说 "agent" ,然后说 "Mandarin." **1-800-MEDICARE (1-800-633-4227)**

Making the Most of Your Medicare

How to Check This Notice

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How to Contact Medicare

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)

Your Checklist of Preventive Services

Medicare offers many free or low-cost exams and screenings to help you stay healthy. In the **next 12 months**, you're eligible for the services listed below. You may also be eligible for additional screenings. You can go online to **www.MyMedicare.gov** for a complete personalized checklist of preventive services. Talk to your doctor about which services you need and how often Medicare covers them.

- ☐ Cardiovascular Screening
- ☐ HIV Screening
- ☐ Mammogram
- ☐ Pap Test and Pelvic Exam
- ☐ Yearly Wellness Exam

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.

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

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.

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. Call your provider with any questions about the claims on this notice.

Definitions of column headers:

Item 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.

Amount Medicare Paid: This column shows 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. If you have Medicare Supplement Insurance (Medigap policy), it may pay all or part of this amount.

See Notes Below: If there is a letter in this column, look at the bottom of the page for more information.

June 18, 2011

Dr. Susan Jones, M.D., (555) 555-1234
Brevard County Physical Therapy Center, 32 Main Street, Brevard, NC 28712-4187

Service Provided & Billing Code	Item 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 #02-10195-592-677		$45.00	$28.54	$22.83	**$5.71**	**A**

Claims continue on the next page. →

Notes for Claims Above

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

June 28, 2011

Craig I. Secosan, M.D., (555) 555-1234
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Item 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 #02-10195-592-390		$143.00	$107.97	$86.38	**$21.59**	**C**

June 29 – June 30, 2011

Edward J. Mcginley, M.D., (555) 555-1234
Nazareth Cardiology PC, 3037 Smith Ave, Philadelphia, PA 19182-0001
Referred by Hanh-Nhon Doan

Service Provided & Billing Code	Item 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 #02-10204-674-840		$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 We have sent your claim to your Medicare Supplement Insurance (Medigap policy). Send any questions regarding your benefits to them. Your Medicare Supplement Insurance is Wellmark BlueCross BlueShield of N. Carolina.

D **This item 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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for Part B (Medical Insurance)

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c/o name
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Part B: You have 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, sign up, and Medicare will send you a password to allow you access to your personal Medicare information.

Your Claims & Costs This Quarter

All Claims Approved by Medicare? **NO**
See page 5 for how to handle a denied claim.

Number of Items Medicare Denied **2**
See page 3 for claims. Look for **NO** by denied items.

Total You May Be Billed **$150.86**

Sent to Your Supplement Insurance **YES**
Wellmark BlueCross BlueShield of N. Carolina

Providers with Claims This Quarter

June 18, 2011
Susan Jones, M.D.

June 28, 2011
Craig I. Secosan, M.D.

June 29 – June 30, 2011
Edward J. Mcginley M.D.

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en española.
如果需要国语救助, 请打联邦医疗保险, 先说"agent",然后说"Mandarin." **1-800-MEDICARE (1-800-633-4227)**

Making the Most of Your Medicare

How to Check This Notice

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

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

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

How to Report Fraud

If you see claims for services or items you didn't get, or if you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

You can make a difference! Last year, Medicare saved tax-payers $4 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Free Medicare Assistance

Did you know you can contact your State Health Insurance Program (SHIP) for free, local health insurance counseling? Your SHIP's telephone number is **1-555-555-5555**.

How to Contact Medicare

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)

Your Checklist of Preventive Services

Medicare offers many free or low-cost exams and screenings to help you stay healthy. In the **next 12 months**, you're eligible for the services listed below. You may also be eligible for additional screenings. You can go online to **www.MyMedicare.gov** for a complete personalized checklist of preventive services. Talk to your doctor about which services you need and how often Medicare covers them.

- ☐ Cardiovascular Screening
- ☐ HIV Screening
- ☐ Mammogram
- ☐ Pap Test and Pelvic Exam
- ☐ Yearly Wellness Exam

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.

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

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.

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. Call your provider with any questions about the claims on this notice.

Definitions of column headers:

Item 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.

Amount Medicare Paid: This column shows 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. If you have Medicare Supplement Insurance (Medigap policy), it may pay all or part of this amount.

See Notes Below: If there is a letter in this column, look at the bottom of the page for more information.

June 18, 2011

Dr. Susan Jones, M.D., (555) 555-1234
Brevard County Physical Therapy Center, 32 Main Street, Brevard, NC 28712-4187

Service Provided & Billing Code	Item 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 #02-10195-592-677		$45.00	$28.54	$22.83	**$5.71**	**A**

Claims continue on the next page. →

Notes for Claims Above

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

June 28, 2011

Craig I. Secosan, M.D., (555) 555-1234
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Item 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 #02-10195-592-390		$143.00	$107.97	$86.38	**$21.59**	**C**

June 29 – June 30, 2011

Edward J. Mcginley, M.D., (555) 555-1234
Nazareth Cardiology PC, 3037 Smith Ave, Philadelphia, PA 19182-0001
Referred by Hanh-Nhon Doan

Service Provided & Billing Code	Item 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 #02-10204-674-840		$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 We have sent your claim to your Medicare Supplement Insurance (Medigap policy). Send any questions regarding your benefits to them. Your Medicare Supplement Insurance is Wellmark BlueCross BlueShield of N. Carolina.

D **This item 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.

How to Handle Denied Claims or File an Appeal

Get More Details from Your Provider

If a claim was denied, call your provider. Make sure they sent in the right information. If not, ask them to send the claim in again.

You can ask for an itemized statement for any claim. Send your provider a request in writing.

Contact Our Claims Office

Mail any questions or requests to:

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

Or, call 1-800-MEDICARE (1-800-633- 4227).
TTY users call 1-877-486-2048.

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

File an appeal in writing. Use the form to the right. **Mail the appeal within 120 days from the date you get this notice.** We've estimated your deadline to be: **January 14, 2012**

If You Need Help with Your Request

You must file your appeal in writing, but you can call your provider or Medicare for help before you file.

Find Out More About Appeals

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

Request an Appeal in Writing

Follow these steps:

1. Circle the item(s) you disagree with on this notice.
2. On a separate page(s), explain in writing why you disagree. Attach it to this notice.
3. Fill in all of the following:

   Your full name (print)

   Your 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 you send in.
6. Make copies of this notice and all supporting documents for your records.
7. Send this notice and all supporting documents to the Claims Office address listed to the left.

What Happens After You Appeal

If Medicare won't cover the item(s), you will get a decision letter within 60 days of when we receive your request. If Medicare will cover the item, it will be listed on your next Medicare Summary Notice.

Centers for Medicare & Medicaid Services
c/o First Coast Service Options, Inc.
Street Address
City, ST 12345-6789

OFFICIAL MEDICARE INFORMATION

Jennifer Washington
Street Address
City, ST 12345-6789

TO BE OPENED BY ADDRESSEE ONLY