

16

**Notes Section:**

- a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.
- b This approved amount has been applied toward your deductible.

17

**Deductible Information:**

You have now met \$44.35 of your \$100 Part B deductible for 2004.

18

**General Information:**

Please notify us if your address has changed or is incorrect as shown on this notice.

**Appeals Information - Part B 19**

If you disagree with any claims decision on this notice, you can request an appeal by December 16, 2004. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here \_\_\_\_\_ Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

16 The **Notes Section** gives more detailed information about your claim.

17 The **Deductible Information** section shows how much of your annual deductible has been met.

18 The **General Information** section provides important Medicare news and information.

19 **Appeals Information**, such as how and when to request an appeal, is shown here. See the back of your MSN for more information and how to get help with appeal requests.

**If you have questions about the charges listed, contact your provider. If your questions aren't resolved contact:**

**The Medicare Assistance Program at  
1-800-695-8168**

This document was funded, in part, by a grant from the Administration on Aging, Department of Health and Human Services.


# How To Read Your Medicare Summary Notice Medicare Part B

## Watch for Medicare Fraud!

- \* Never give your Medicare Number in exchange for "free services".
- \* Review your Medicare Summary Notice.
- \* Check to see if you received the service for which Medicare is being billed.
- \* Check to see that the doctor listed as the provider either ordered or performed the service.
- \* Report a lost or stolen Medicare card to Social Security immediately.



- 1 The **Date** the MSN was sent.
- 2 Refer to the **Customer Service Information** box if you have questions about your MSN. For all inquiries, include your Medicare number, the date of the notice, and the specific date of service you have questions about.
- 3 **Your Medicare Number** should match the number on your Medicare Card.
- 4 If your **Name and Address** are incorrect on your MSN, please contact both the Medicare carrier shown on your MSN, and the Social Security Administration immediately.
- 5 Read the **Help Stop Fraud** message for information on ways to protect yourself and Medicare against fraud and abuse.
- 6 **Part B Medical Insurance - Assigned Claims / Unassigned Claims.** See the back of your MSN for an explanation of Medicare assignment.
- 7 **Dates of Service** shows when your doctor or supplier provided the service(s) listed. You may use these dates to compare with the dates shown on your doctor or supplier bill.
- 8 Each claim is assigned a **Claim Number**, which you may be asked to provide when calling regarding your MSN.
- 9 **Services Provided** is a brief description of the service or supply, the number of services and the service code.
- 10 **Amount Charged** is the charge submitted to Medicare by the provider of the service(s).
- 11 **Medicare Approved** is the amount Medicare approved for the service(s) you received.
- 12 **Medicare Paid Provider.** In most situations, Medicare pays 80 percent of the



**HCFA**  
MEDICARE • MEDICAID  
Health Care Financing Administration

# Medicare Summary Notice

1  
June 16, 2004

**CUSTOMER SERVICE INFORMATION** 2

3 **Your Medicare Number: 111-11-1111A**

**If you have questions, write or call:**  
 Medicare  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Bldg.  
 Medicare, US XXXXX-XXXX

**Local: (XXX) XXX-XXXX**  
**Toll-free: 1-800-XXX-XXXX**  
 TTY for hearing impaired: 1-800-XXX-XXXX

BENEFICIARY NAME 4  
 STREET ADDRESS  
 CITY, STATE ZIP CODE

5 **HELP STOP FRAUD: Protect your Medicare Number as you would a credit card number**

**The Medicare Assistance Program**  
**1-800-695-8168**

6 This is a summary of claims processed from 5/15/2004 through 6/15/2004.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS** 12 13 14

7 Dates of Service	8 Services Provided	9 Claim Number	10 Amount Charged	11 Medicare Approved	12 Medicare Paid Provider	13 You May Be Billed	14 See Notes Section
03/07/04	1 Office/Outpatient Visit ES (99214)	12345-84956-84556 Susan Wilson, M.D. 123 Eastern Avenue, Jacksonville, FL 33231-0024	\$55.00	\$44.35	\$0.00	\$44.35	a b

approved amount after subtracting any un-met portion of the annual deductible. For unassigned service(s), this column is titled **Medicare Paid You**.

13 **You May Be Billed.** This is the total amount the provider is allowed to bill you. It combines the deductible, the coinsurance and any noncovered charges. If you have supplemental insurance, it may pay all or part of this amount.

14 **See Notes Section.** If a letter appears in this column, refer to the Notes

Section. Please see item 16 in this pamphlet.

15 **Provider's Name and Address.** More than one name may be shown. If you were treated by a clinic or group medical practice, the clinic or group name will be shown, followed by the name of the doctor who performed the service. If the service was ordered or referred by another doctor, the referring doctor's name may also be listed. The address shown is the billing address which may be different from where you received the service(s).