




# MEDICARE STATEMENT EXAMPLES

## EJEMPLO 4



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### Medicare Summary Notice

December 10, 1998

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**

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

If you have questions, write or call:  
 Medicare  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX  
 Local: (XXX) XXX-XXXX  
 Toll-free: 1-800-XXX-XXXX  
 Tele-Device for the Deaf: 1-800-XXX-XXXX

**HELP STOP FRAUD:** Beware of telemarketers offering free or discounted Medicare items or services

This is a summary of claims processed from 11/10/98 through 12/10/98.

**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 1234-5678-9101 <b>Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024</b>						
Referred by: Scott Wilson, M.D.						
10/19/98	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	b
10/19/98	1 Admin. Flu vac (G0008)	5.00	3.43	3.43	0.00	b
<b>Claim Total</b>		<b>\$10.00</b>	<b>\$7.31</b>	<b>\$7.31</b>	<b>\$0.00</b>	
Claim number 1234-5678-9102 <b>ABC Ambulance, P.O. Box 2149 Jacksonville, FL 33231</b>						
10/25/98	1 Ambulance, base rate (A0020)	\$289.00	\$249.78	\$199.82	\$49.96	a
10/25/98	1 Ambulance, per mile (A0021)	21.00	16.96	13.57	3.39	
<b>Claim Total</b>		<b>\$310.00</b>	<b>\$266.74</b>	<b>\$213.39</b>	<b>\$53.35</b>	

**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
Claim number 1234-5678-9103 <b>William Newman, M.D., 362 North Street, Jacksonville, FL 33231-0024</b>						
09/10/98	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.**

## EJEMPLO 5



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### Medicare Summary Notice

November 15, 1998

**RUTH DOE**  
**123 MAPLE AVENUE**  
**DOW, TX 72151**

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: 123-45-6789D**

If you have questions, write or call:  
 MEDICARE PART A  
 P.O. BOX 660155  
 DALLAS, TEXAS 75266-0155  
 Local: (800) 813-8868  
 Toll-free: 1-800-813-8868  
 Tele-Device for the Deaf: 1-800-516-6684

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

This is a summary of claims processed on 10/16/98.

**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 12345-84956-84556-45621 <b>Columbia Med Cntr 11 Gallagher Street Dow, TX 72151</b>						
Referred by: Peter Howe						
10/03/98	Assay serum potassium (84132)	\$25.00	\$0.00	\$0.00	\$0.00	a
	Blood typing, ABO (86900)	5.00	0.00	0.00	0.00	a
	Office/outpatient visit, est (99212)	20.00	0.00	4.00	4.00	
	Influenza immunization (90724)	12.00	0.00	0.00	0.00	
<b>Claim Total</b>		<b>\$62.00</b>	<b>\$0.00</b>	<b>\$4.00</b>	<b>\$4.00</b>	

**Notes Section:**

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

**Deductible Information:**

You have met the Part B deductible for 1998.

**General Information:**


If you change your address, please contact Medicare Part A by calling 1-800-813-8868 and the Social Security Administration by calling 1-800-772-1213.

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

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# MEDICARE STATEMENT EXAMPLES

## EJEMPLO 6



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### Medicare Summary Notice

December 10, 1998

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**

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

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

Local: (XXX) XXX-XXXX  
 Toll-free: 1-800-XXX-XXXX  
 Tele-Device for the Deaf: 1-800-XXX-XXXX

**HELP STOP FRAUD:** Beware of telemarketers offering free or discounted Medicare items or services

**OUR RECORDS SHOW THAT**

Your enrollment in ABC Plan, a Medicare managed care plan, was effective mm/dd/yy.

Your disenrollment from XYZ Plan was effective mm/dd/yy.

You became Nursing Home Certified effective mm/dd/yy.

You became entitled to ESRD status effective mm/dd/yy.


Your new address is: 123 Security Boulevard, Baltimore, MD 21244.

**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 12345-84956-84556-45622 <b>Care Hospital, 123 Sick Lane, Dallas, TX 75555</b> Referred by: Paul Jones, M.D. 10/05/98-10/19/98	14 days	\$0.00	\$760.00	\$760.00	a

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

## EJEMPLO 7



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### Medicare Summary Notice

February 10, 1999

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**

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

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

Local: (XXX) XXX-XXXX  
 Toll-free: 1-800-XXX-XXXX  
 Tele-Device for the Deaf: 1800-XXX-XXXX

**HELP STOP FRAUD:** Beware of telemarketers offering free or discounted Medicare items or services.

This is a summary of claims processed from 1/1/99 through 1/31/99.

**PART A – HOME HEALTH FACILITY CLAIMS**

Dates of Service	Number of Services Provided	Amount Charged	Non-Covered Charges	Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45624 <b>Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602</b> Referred by: Dr. Dan Visit, M.D.						
12/25/98	Med-Surg Supplies	\$154.25	\$0.00	\$0.00	\$0.00	
12/31/98-01/25/99	2 Physical Therapy Visits 2 Skilled Nursing Visits	125.00 1,000.00	125.00 0.00	0.00 0.00	125.00 0.00	a
<b>Claim Total</b>		<b>\$1,279.25</b>	<b>\$125.00</b>	<b>\$0.00</b>	<b>\$125.00</b>	
Claim number 12435-84956-84556-45626 <b>Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602</b> Referred by: Dr. Dan Visit, M.D.						
01/25/99-02/24/99	Hospital Bed	\$1,375.00	\$0.00	\$880.00	\$880.00	

**Notes Section:**


a The information provided does not support the need for this many services or items.

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

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# MEDICARE STATEMENT EXAMPLES

## EJEMPLO 8



### Medicare Summary Notice

Page 01 of 02  
March 3, 2000

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**  
**Your Medicare Number: 111-11-1111AB**

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

LOCAL: (XXX) XXX-XXXX  
Toll-free: 1-800-XXX-XXXX  
TTY for Hearing Impaired: 1-800-XXX-XXXX

**HELP STOP FRAUD:** Always review your Medicare Summary Notice for correct information about the items or services you received.

This is a summary of claims processed on 02/20/2000.

**PART A – HOSPICE FACILITY CLAIMS**

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 98765432112345 02						
<b>Hospice Care, Inc.</b>						
222 Hospice Ave.						
Hospice, TX XXXXX						
Referred by: John Doe, M.D.						
01/01/00-01/31/00	Hospice/Rtn Home	\$2,329.37	\$0.00	\$0.00	\$0.00	
	Hospice/IP Non-respite	4,210.50	0.00	0.00	0.00	
	Initial hospital care (99223)	275.77	0.00	0.00	0.00	
	Subsequent hospital care (99232)	210.26	0.00	0.00	0.00	
<b>Claim Total</b>		<b>\$7,025.90</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**General Information:**

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

**Appeals Information – Part A (Hospice)**

**If you disagree with any claims decision on this notice, you can request an appeal by May 2, 2000.**

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.

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