


ST1

MEDICARE STATEMENT EXAMPLES

EXAMPLE 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 Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024 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
Claim Total		\$10.00	\$7.31	\$7.31	\$0.00	
Claim number 1234-5678-9102 ABC Ambulance, P.O. Box 2149 Jacksonville, FL 33231						
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	
Claim Total		\$310.00	\$266.74	\$213.39	\$53.35	

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 William Newman, M.D., 362 North Street, Jacksonville, FL 33231-0024						
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.

EXAMPLE 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 Columbia Med Cntr 11 Gallagher Street Dow, TX 72151 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	
Claim Total		\$62.00	\$0.00	\$4.00	\$4.00	

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.

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MEDICARE STATEMENT EXAMPLES

EXAMPLE 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 Care Hospital, 123 Sick Lane, Dallas, TX 75555 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.

EXAMPLE 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 Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602 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	1,000.00	0.00	0.00	0.00	a
Claim Total		\$1,279.25	\$125.00	\$0.00	\$125.00	
Claim number 12435-84956-84556-45626 Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602 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.

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MEDICARE STATEMENT EXAMPLES

EXAMPLE 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						
Hospice Care, Inc.						
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	
Claim Total		\$7,025.90	\$0.00	\$0.00	\$0.00	

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.

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