

MONTHLY REPORT

Medical and Hospital Claims Processed in June 2013

For Robert Daniel Smith
Member ID: 123-45-6789-0000

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.
- If you notice something suspicious that might be dishonest billing, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Birchwood Health Corp.
1500 Springfield Drive,
Anytown, CO 81110

Robert Daniel Smith
1234 Main Street
Cityname, CO 81110



Birchwood Medicare Plus

An HMO with a Medicare contract. This plan is operated by Birchwood Health Corporation, 1500 Springfield Drive, Anytown, CO 81110.

<http://www.birchwood.com>

Birchwood Member Services

If you have questions, call us: 1.866.000.1111

We are here 7 days a week from 8:00 am to 8:00 pm Eastern Time.

TTY/TDD only: 1.866.000.2222

Español: 1.866.000.3333

This information is available for free in other languages. Please contact Member Services at the number above. Member Services also has free language interpreter services available for non-English speakers.

Español: 1.866.000.3333

Esta información está disponible sin costo en otros idiomas. Para obtener más información comuníquese con nuestro Servicio al Cliente al número indicado arriba. El Departamento de Servicio al Cliente también ofrece servicios gratuitos de interpretación de idiomas para personas que no hablan inglés.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Benefits, formulary, pharmacy network, premium, copayments, and coinsurance may change on January 1 of each year.

H02231_00_9444 Accepted

Details for claims processed in June 2013

Look over the information about your claims – does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Member Services (phone numbers are in a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to *change our decision* about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Member Services (phone numbers are in a box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," *wait until you get a bill* from the provider.
- If you get a bill that is *higher* than the amount shown for "your share," call us at Member Services (phone numbers are in a box on page 1).

Maple Valley Ear, Nose, and Throat Associates

Claim Number: 22-4178901-01-4000
(In-network provider)

	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Air and bone conduction assessment of hearing loss and speech recognition (billing code 92557)	4/8/13	\$80.00	\$76.00	\$60.80	\$15.20
Assessment of eardrum and muscle function (billing code 92550)	4/8/13	\$32.00	\$24.00	\$19.20	\$4.80
Diagnostic examination of voice box using flexible endoscope (billing code 31575)	4/8/13	\$220.00	\$140.00	\$112.00	\$28.00
TOTALS:		\$332.00	\$240.00	\$192.00	\$48.00

You pay 20% of the total amount for specialty care

Maria Sanchez, MD

Claim Number: 40-11144470-11-2000
(Out-of-network provider)

Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
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Established patient office or other outpatient visit (billing code 99213)	5/28/13	\$80.00	\$80.00 DENIED (See below.)	\$0.00	\$80.00
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TOTALS:		\$80.00	\$80.00 DENIED (See below.)	\$0.00	\$80.00
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Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.

Things to know about your denied claim:

- We have denied all or part of this claim and **you have the right to appeal**. Making an appeal is a formal way of asking us to *change the decision* we made to deny your claim. If we agree to change our decision, it means we will approve the claim rather than deny it, and we will pay our share.
- **The provider can also make an appeal, and if this happens, you may not have to pay.** You may wish to contact the provider to find out if they will ask us for an appeal. If the provider properly asks for an appeal, you will not be responsible for payment, except for the normal cost-sharing amount, and you don't need to make an appeal yourself.
- **When we deny part or all of a claim, we send you a letter** ("Notice of Denial of Payment") explaining why the service or item is not covered. This letter also tells what to do if you want to appeal our decision and have us reconsider.
- **IMPORTANT:** If you do not have this letter, call us at Member Services (phone numbers are in a box on page 1).
- **If you have questions or need help with your appeal, you can contact:**
 - Our Member Services (phone numbers are in a box on page 1)
 - 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Southside Memorial Hospital					
Claim Number: 22-4178901-01-4000 (out-of--network provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Mental status assessment (2014F-GC) <i>NOTE: The amounts are \$0.00 because the cost for this service or item is covered under another part of this claim.</i>	6/7/13	\$0.00	\$0.00	\$0.00	\$0.00
Electrocardiogram report (93010-GC)	6/7/13	\$38.00	\$32.00	\$25.60	\$6.40
Emergency department visit (billing code 99285-25GC)	6/7/13	\$360.00	\$200.00	\$160.00	\$40.00
	TOTALS:	\$398.00	\$232.00	\$185.60	\$46.40
					You pay 20% of the total cost for emergency services

Optional Supplemental Services: Details for claims processed in June 2013

(Amounts for optional supplemental services are **not** included in the totals shown on page 2)

Anita Fong, DDS

Claim Number: OSD00-211178-33-2121

Out-of-network provider of dental services. Dental services are "optional supplemental services." These are extra services for which you pay a separate premium.

	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Oral exam (billing code OSD1444790)	04/18/13	\$200.00	\$160.00	\$80.00	\$80.00
Dental x-rays (billing code OSD2457900)	04/18/13	\$320.00	\$240.00	\$120.00	\$120.00
	TOTALS:	\$520.00	\$400.00	\$200.00	\$200.00

You pay 50% of the total cost for out-of-network dental care