



[Respondent Name]

[Month, Year]

[Respondent Address]

[Respondent City, State Zip]

Dear [Mr./Ms.] [R Last Name]:

RE: Reviewing Your Health Care Statements for the Medicare Current Beneficiary Survey

Thank you for participating in the Medicare Current Beneficiary Survey. During your next interview, your interviewer will ask about the type of health care you received and the costs of these services, including costs not covered by Medicare.

To help ensure that the information we collect is as accurate as possible, please continue to record your health care related events and save your insurance statements, bills, and receipts for all medical visits and purchases. When you speak with your interviewer, they will ask you to find information from these documents.

On the back of this letter, you will find an example Medicare Summary Notice (MSN) and Prescription Drug Plan (PDP) statement. Although you may not receive these exact types of documents, we have provided these examples to help you find similar information on your own statements. **We ask that you save this letter so you can reference these examples during your interview.**

As you review your health events and speak with your interviewer, you are making a meaningful difference in lives of Medicare beneficiaries like you across the country.

We sincerely thank you for your time and effort in providing us the information we need to improve Medicare. If you have any questions, please do not hesitate to contact NORC toll-free at 1-844-777-2151, or by email at mcbs@norc.org.

Sincerely,

Marina Vornovitsky
Director, Medicare Current Beneficiary Survey
Centers for Medicare and Medicaid Services

See Reverse for Example Statements

EXAMPLE MEDICARE SUMMARY NOTICE (MSN) STATEMENT

Your Claims Part B (Medical Insurance)

Medicare Summary (MSN) type

January 13, 2022

Example Medical Center, (312) 555-7777

PO Box 123456, Chicago, IL 60603-2312

Referred by Doe, John

This section with the grey header lists **event information** including the event date and provider.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Doe, Jane T., M.D.						
Established patient office visit or other outpatient visit, typically 15 minutes (99213)	Yes	\$85.00	\$74.85	\$58.68	\$14.97	A,B
Total for Claim #12-12345-123-123		\$85.00	\$74.85	\$58.68	\$14.97	C

Claim number

The **bottom row** of each column lists the following totals: **Amount Provider Charged, Medicare-Approved Amount, Amount Medicare Paid, and Maximum You May Be Billed.**

EXAMPLE PRESCRIPTION DRUG PLAN (PDP) STATEMENT

Your prescription drugs during the past month

Month Covered	Plan paid	You paid	Other payments
December, 2021			
PANTOPRAZOLE TAB 40MG 12/10/2020, CVS PHARMACY Rx#000001234567, 30 Days Supply	\$2.00	\$2.00	\$0.00
SUCRALFATE SUS 1GM/10ML 12/15/2020, CVS PHARMACY Rx#000008910111, 12 Days Supply		\$7.00	\$0.00
TOTALS for the month of: December 2021: Your "out-of-pocket costs" amount is \$9.00. (This is the amount you paid this month (\$9.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$0.00). See definitions in Section 3.) Your "total drug costs" amount is \$16.70. (This is the total for this month of all payments made for your drugs by the plan (\$7.70) and you (\$9.00) plus "other payments" (\$0.00).)	\$7.70 (total for the month)	\$9.00 (total for the month)	\$0.00 (total for the month)