



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

**RE: Reviewing Your Health Care Statements for the Medicare Current Beneficiary Survey (MCBS)**

Next time, your interviewer will ask about your recent health-related visits and purchases, and the costs of each. You may wish to record the dates of your health care visits and purchases. Please keep your insurance statements, bills, and receipts for all your visits and purchases. Save this sheet for your next interview; it will help you and your interviewer record information about your health care.

An example Medicare Summary Notice (MSN) is below. An example Prescription Drug Plan (PDP) statement is on the reverse.

**Your Claims Part B (Medical Insurance)**

**Medicare Summary (MSN) type**

**January 13, 2021**

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
<b>Dr. Doe, Jane T., M.D.</b>						
Established patient office visit or other outpatient visit, typically 15 minutes (99213)	Yes	\$85.00	\$74.85	\$58.68	\$14.97	A,B
<b>Total for Claim #12-12345-123-123</b>		\$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

Your prescriptions for covered Part D drugs	Plan paid	You paid	Other payments
December, 2020	<b>Month Covered</b>		
<b>PANTOPRAZOLE TAB 40MG</b> 12/10/2020, CVS PHARMACY Rx#000001234567, 30 Days Supply	\$3.00	\$2.00	\$0.00
<b>SUCRALFATE SUS 1GM/10ML</b> 12/15/2020, CVS PHARMACY Rx#000008910111, 12 Days Supply	\$4.70	\$7.00	\$0.00
<b>TOTALS for the month of: December 2020:</b> <b>Your “out-of-pocket costs” amount is \$9.00.</b> (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.) <b>Your “total drug costs” amount is \$16.70.</b> (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)

**Month Covered**

**Prescription name, form, strength, & amount**

**Amount the plan paid**

**Amount you paid**

**Total cost**