

Part B



What is New on Your Redesigned “Medicare Summary Notice”?

You’ll notice your “Medicare Summary Notice” (MSN) has a new look. The new MSN will help to make Medicare information clearer, more accessible, and easier to understand. Based on comments from people like you, we have redesigned the MSN to help you keep track of your Medicare-covered services.



Your New MSN for Part B – Overview

Your Medicare Part B MSN shows all of the services billed by Medicare for doctors' services, hospital outpatient care, home health care, preventive services, and other medical services.

Each Page with Specific Information:

Page 1: Your dashboard, which is a summary of your notice,

Page 2: Helpful tips on how to review your notice,

Page 3: Your claims information,

Last page: Find out how to handle denied claims.

Bigger Print for Easy Reading


Page titles and subsection titles are now much larger.

Using a larger print throughout makes the notice easier to read.

Helpful Tips for Reading the Notice

The redesigned MSN explains what you need to know with user-friendly language.

Page 1 of 4



Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number **XXX-XX-1234A**

Date of This Notice **March 1, 2013**

Claims Processed Between **January 1 – March 1, 2013**

Your Claims & Costs This Period

Did Medicare Approve All Services? **NO**

Number of Services Medicare Denied **1**

See claims starting on page 3. Look for **NO** in the "Service Approved?" column. See the last page for how to handle a denied claim.

Total You May Be Billed \$90.15

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85.00** of your **\$147.00** deductible for 2013.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

¿Dónde que puede recibir esta aviso y otros tipos de ayuda de Medicare en español? Llame y hable con un agente en español.
 多语言服务热线, 请按电话目录号码, 请拨 "agent", 或 "911" Mandarin.

1-800-MEDICARE (1-800-633-4227)

Page 1

THIS IS NOT A BILL | Page 3 of 4

Jennifer Washington

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Definitions of Columns

Service Approved? This column tells you if Medicare covered this service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	A
Total for Claim #02-10195-592-390		211.56	\$107.97	\$86.38	\$90.15	B

January 21, 2013
 Craig I. Seocan, M.D., (555) 555-1234
 Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Breward, NC, 28712-4187

Notes for Claims Above

A This service was denied. The information provided does not support the need for this service or item.

B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

Page 3

THIS IS NOT A BILL | Page 2 of 4

Jennifer Washington

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

Did you get the services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit www.Medicare.gov for a personalized list.

How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers \$4.2 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)
 Ask for "doctors services," your customer service code is 0935.
 TTY 1-877-486-2048 (for hearing impaired)
 Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-555-555-5555.

Page 2

THIS IS NOT A BILL | Page 4 of 4

Jennifer Washington

How to Handle Denied Claims or File an Appeal

Get More Details

If a claim was denied, call or write the provider and ask for a itemized statement for any claim. Make sure they sent it to the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim. Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on This Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice. We must receive your appeal by:

July 13, 2013

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your provider. Ask your provider for any information that may help you.

Ask a friend to help. You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision; include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:
 - Your or your representative's full name (print)
 - Your or your representative's signature
 - Your telephone number
 - Your complete Medicare number
- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office
 c/o Contractor Name
 Street Address
 City, ST 12345-6789

Last Page

Page 1 – Your Dashboard

1 DHHS Logo


The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2 Your Information

Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

3 Your Deductible Info

You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!



1

4

Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 4

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

2 **Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	March 1, 2013
Claims Processed Between	January 1 – March 1, 2013

5 **Your Claims & Costs This Period**

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
<small>See claims starting on page 3. Look for NO in the "Service Approved?" column. See the last page for how to handle a denied claim.</small>	
Total You May Be Billed	\$90.15

3 **Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85.00** of your **\$147.00** deductible for 2013.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

6 **Providers with Claims This Period**

January 21, 2013
Craig I. Secosan, M.D.

7

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果需要国语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说 "Mandarin".

1-800-MEDICARE (1-800-633-4227)

4 Title of your MSN

The title at the top of the page is larger and bold.

5 Total You May Be Billed

A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

6 Providers You Saw

Check the list of dates and the doctors you saw during this claim period.

7 Help in Your Language

For help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Tell them the language you need for free translation services.

Page 2 – Making the Most of Your Medicare

1 Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

2 How to Check

Medicare offers helpful tips on what to check when you review your notice.

3 How to Report

Help Medicare save money by reporting fraud!

4 How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

Jennifer Washington THIS IS NOT A BILL | Page 2 of 4

1 Making the Most of Your Medicare

🔍 How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

2 Did you get the services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

🚨 How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

3 Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers **\$4.2 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

📞 How to Get Help with Your Questions

4 **1-800-MEDICARE (1-800-633-4227)**
Ask for “doctors services.” Your customer-service code is 05535.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **1-555-555-5555**.

🏥 Medicare Preventive Services **5**

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your “Medicare & You” handbook for a complete list.
- Visit www.MyMedicare.gov for a personalized list.

📧 Your Messages from Medicare

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

6 **Want to see your claims right away?** Access your Original Medicare claims at www.MyMedicare.gov, usually within 24 hours after Medicare processes the claim. You can use the “Blue Button” feature to help keep track of your personal health records.

5 Preventive Services

Remember, Medicare covers many preventive tests and screenings to keep you healthy.

6 General Messages

These messages get updated regularly, so make sure to check them!

Page 3 – Your Claims for Part B (Medical Insurance)

1 Type of Claim

Claims can either be assigned or unassigned.

2 Definitions

Don't know what some of the words on your MSN mean? Read the definitions to find out more.

3 Your Visit

This is the date you went to your doctor. Keep your bills and compare them to your notice to be sure you got all the services listed.

4 Service Descriptions

User-friendly service descriptions will make it easier for you to know what you were treated for.

Jennifer Washington THIS IS NOT A BILL | Page 3 of 4

1 Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

2 Definitions of Columns

Service Approved?: This column tells you if Medicare covered this service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

3 January 21, 2013
Craig I. Secosan, M.D., (555) 555-1234
 Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	6
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	A
Total for Claim #02-10195-592-390		\$211.56	\$107.97	\$86.38	\$90.15	B 7

5 Approved Column
 This column lets you know if your claim was approved or denied.

Notes for Claims Above

A This service was denied. The information provided does not support the need for this service or item.

B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

6 Max You May Be Billed

This is the total amount the provider is able to bill you. It's highlighted and in bold for easy reading.

7 Notes

Refer to the bottom of the page for explanations of the services you got.

Last Page – How to Handle Denied Claims

1 Get More Details

Find out your options on what to do about denied claims.

2 If You Decide to Appeal

You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

3 If You Need Help

Helpful tips to guide you through filing an appeal.

Jennifer Washington THIS IS NOT A BILL | Page 4 of 4

How to Handle Denied Claims or File an Appeal

1 Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

4 File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

 Your or your representative's signature

2 If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

July 13, 2013

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office
c/o Contractor Name
Street Address
City, ST 12345-6789

3 If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your provider: Ask your provider for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

4 Appeals Form

You must file an appeal in writing. Follow the step-by-step directions when filling out the form.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.