



# Medicare Summary Notice for Part B (Medical Insurance)

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



JMA

**THIS IS NOT A BILL**

<b>Notice for</b> [REDACTED]	
Medicare Number	[REDACTED]
Date of This Notice	<b>April 27, 2018</b>
Claims Processed Between	<b>January 13 - April 27, 2018</b>

## 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** **\$382.70**

## 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 your **\$183.00** deductible for 2017. You have now met **\$111.96** of your **\$183.00** deductible for 2018.

## Facilities with Claims This Period

August 01, 2017 - February 13, 2018



## Be Informed!

Medicare has started mailing new Medicare cards to everyone with Medicare. You don't need to do anything to get your new card. Medicare will mail your new card to the address you have on file with Social Security. Visit [Medicare.gov/newcard](http://Medicare.gov/newcard) to learn more.

¿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)**

**January 02, 2018**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Hospital outpatient clinic visit for assessment and management of a patient (G0463-PO)	<b>NO</b>	<b>\$229.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$229.00</b>	E,F
<b>Total for Claim</b>		\$229.00	\$0.00	\$0.00	<b>\$229.00</b>	E,F,G

**February 13, 2018**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Hospital outpatient clinic visit for assessment and management of a patient (G0463-PO)	Yes	\$229.00	\$229.00	\$0.00	<b>\$111.96</b>	H
<b>Total for Claim</b>		\$229.00	\$229.00	\$0.00	<b>\$111.96</b>	G,I

**Notes for Claims Above**

- E** Your claim has been denied by Medicare because you may have funds set aside from your settlement to pay for your future medical expenses and prescription drug treatment related to your injury (ies).
- F** Medicare does not pay for this item or service.
- G** The amount Medicare paid the provider for this claim is \$0.00.
- H** \$111.96 of this approved amount has been applied toward your deductible.
- I** This information is being sent to [REDACTED]. Send any questions regarding your benefits to them.

# How to Handle Denied Claims or File an Appeal

## Get More Details

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

August 30, 2018

## 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 facility:** Ask your facility 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](http://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

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Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your facility 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 JM A/B MAC NC - #11501**  
**Palmetto GBA**  
**2300 Springdale Drive**  
**Camden, SC 29020-7004**