Part A
What is in your “Medicare Summary Notice”? 
Your New MSN for Part A – Overview

Your Medicare Part A MSN shows all of the services billed to Medicare for inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care 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.
Medicare Summary Notice for Part A (Hospital 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

Your Claims & Costs This Period
Did Medicare Approve All Claims?
YES
See page 2 for how to double-check this notice.

Total You May Be Billed $2,062.50

Facilities with Claims This Period
June 18 – June 21, 2020
Otero Hospital

Your Deductible Status
Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.

Part A Deductible: You have now met your $1,184.00 deductible for inpatient hospital services for the benefit period that began May 27, 2020.

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.

¿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)
How to Check This Notice

Do you recognize the name of each facility? Check the dates.
Did you get the claims 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 facility 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 “hospital 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.

Your Benefit Periods

Your hospital and skilled nursing facility (SNF) stays are measured in benefit days and benefit periods. Every day that you spend in a hospital or SNF counts toward the benefit days in that benefit period. A benefit period begins the day you first receive inpatient hospital services or, in certain circumstances, SNF services, and ends when you haven’t received any inpatient care in a hospital or inpatient skilled care in a SNF for 60 days in a row.

Inpatient Hospital: You have 56 out of 90 covered benefit days remaining for the benefit period that began May 27, 2020.
Skilled Nursing Facility: You have 63 out of 100 covered benefit days remaining for the benefit period that began May 27, 2020.

How to Get Help with Your Questions

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.

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.
Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

**Definitions of Columns**

- **Benefit Days Used**: The number of covered benefit days you used during each hospital and/or skilled nursing facility stay. (See page 2 for more information and a summary of your benefit periods.)
- **Claim Approved?**: This column tells you if Medicare covered the inpatient stay.
- **Non-Covered Charges**: This is the amount Medicare didn’t pay.
- **Amount Medicare Paid**: This is the amount Medicare paid your inpatient facility.
- **Maximum You May Be Billed**: The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and other charges. For more information about Medicare Part A coverage, see your “Medicare & You” handbook.

### Your Inpatient Claims for Part A (Hospital Insurance)

<table>
<thead>
<tr>
<th>Jennifer Washington</th>
<th>THIS IS NOT A BILL</th>
<th>Page 3 of 4</th>
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<thead>
<tr>
<th></th>
<th>June 18 – June 21, 2020</th>
<th>Otero Hospital, (555) 555-1234</th>
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<tbody>
<tr>
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<td>PO Box 1142, Manati, PR 00674</td>
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<td>Referred by Jesus Sarmiento Forasti</td>
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| Benefit Period starting May 27, 2020 | 4 days | Yes | $0.00 | $4,886.98 | $0.00 | $0.00 | A,B |

**Total for Claim #20905400034102**

|  | $0.00 | $4,886.98 | $0.00 | A,B |

**Notes for Claims Above**

- A Days are being subtracted from your total inpatient hospital benefits for this benefit period. The “Your Benefit Periods” section on page 2 has more details.
- B $2,062.50 was applied to your skilled nursing facility coinsurance.
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.

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

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 it 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.

Get More Details
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.

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 January 21, 2021.

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.

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.

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 telephone number
   - 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 Contractor Name
    - Street Address
    - City, ST 12345-6789

Find Out More About Appeals
For more information about appeals, read your “Medicare & You” handbook or visit us online at www.medicare.gov/appeals.