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

Your Medicare Part B Durable Medical Equipment (DME) MSN shows all of the DME items and supplies billed to Medicare.

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 B (Medical Insurance)

Your New MSN: DME | Page 3

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!

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. Suppliers You Saw
   Check the list of dates and the doctors and/or suppliers 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.
How to Check This Notice

Do you recognize the name of each supplier? Check the dates. Did you make a purchase that day?

Did you get the items/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 supplier 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 “medical supplies.” 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 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 B Medical Insurance helps pay for durable medical equipment and other health care services.

### Definitions of Columns

- **Item/Service Approved?** This column tells you if Medicare covered this item or service.
- **Amount Supplier Charged** This is your supplier’s fee for this item or service.
- **Medicare-Approved Amount** This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.
- **Amount Medicare Paid** This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.
- **Maximum You May Be Billed** This is the total amount the supplier 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.

### Your Claims for Part B (Medical Insurance)

<table>
<thead>
<tr>
<th>Quantity, Item/Service Provided &amp; Billing Code</th>
<th>Item/Service Approved?</th>
<th>Amount Supplier Charged</th>
<th>Medicare-Approved Amount</th>
<th>Amount Medicare Paid</th>
<th>Maximum You May Be Billed</th>
<th>See Notes Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier (E0431-RR) Rental</td>
<td>Yes</td>
<td>$117.61</td>
<td>$28.77</td>
<td>$23.02</td>
<td>$5.75</td>
<td>A</td>
</tr>
<tr>
<td>Total for Claim #10334829489000</td>
<td></td>
<td>$117.61</td>
<td>$28.77</td>
<td>$23.02</td>
<td>$5.75</td>
<td>B</td>
</tr>
</tbody>
</table>

### Notes for Claims Above

- **A** Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- **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.
### Get More Details
Find out your options on what to do about denied claims.

### 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.

### If You Need Help
Helpful tips to guide you through filing an appeal.

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#### How to Handle Denied Claims or File an Appeal

<table>
<thead>
<tr>
<th>Step</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Get More Details&lt;br&gt;If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn’t, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item 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.</td>
</tr>
<tr>
<td>2</td>
<td>If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal&lt;br&gt;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 <a href="#">January 21, 2021</a></td>
</tr>
<tr>
<td>3</td>
<td>If You Need Help Filing Your Appeal&lt;br&gt;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 supplier: Ask your supplier 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 &amp; You” handbook or visit us online at <a href="http://www.medicare.gov/appeals">www.medicare.gov/appeals</a>.</td>
</tr>
<tr>
<td>4</td>
<td>File an Appeal in Writing&lt;br&gt;Follow these steps:&lt;br&gt;1. Circle the item(s) or claim(s) you disagree with on this notice.&lt;br&gt;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.&lt;br&gt;3. Fill in all of the following:&lt;br&gt;- Your or your representative’s full name (print)&lt;br&gt;- Your telephone number&lt;br&gt;- Your complete Medicare number&lt;br&gt;4. Include any other information you have about your appeal. You can ask your supplier for any information that will help you.&lt;br&gt;5. Write your Medicare number on all documents that you send.&lt;br&gt;6. Make copies of this notice and all supporting documents for your records.&lt;br&gt;7. Mail this notice and all supporting documents to the following address:&lt;br&gt;Medicare Claims Office&lt;br&gt;c/o Contractor Name&lt;br&gt;Street Address&lt;br&gt;City, ST 12345-6789</td>
</tr>
</tbody>
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#### Appeals Form
You must file an appeal in writing. Follow the step-by-step directions when filling out the form.