



# Part A

## What's in your Medicare Summary Notice?



# Your MSN for Part A – Overview

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

## What's on Each Page:

- 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
- Page 4:** Find out how to handle denied claims

## Large Print for Easy Reading

Page titles and subsection titles are large and easy to read.

## Helpful Tips for Reading the Notice

The 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

**THIS IS NOT A BILL**

**Notice for Jennifer Washington**  
Temporary Address Name  
Street Address  
City, ST 12345-6789

**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, 2024  
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 **\$1,844.00 deductible for inpatient hospital services** for the benefit period that began May 27, 2024.

**Be Informed**  
You can get your Medicare Summary Notices (MSNs) online. Get your electronic MSN any month you have a processed claim by signing up at Medicare.gov/go/digital.

Salvo que puede recibir este aviso y otros tipos de ayuda de Medicare en español. Llame y hable con un agente en español.  
如果您收到本单, 请在电话中询问, 请勿“急”, 请勿“忙”, “必须”。

Page 1

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

**Making the Most of Your Medicare**

**How to Check This Notice**  
Does each notice name the same of each facility?  
Check this.

**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).  
Read more about what to do if you suspect fraud. **"This item is approved by Medicare" or "No out-of-pocket expenses."**

**Skilled Nursing Facility:** You have **63 out of 100 covered benefit days** remaining for the benefit period that began May 27, 2024.

**Inpatient Hospital:** You have **56 out of 90 covered benefit days** remaining for the benefit period that began May 27, 2024.

**Your Benefits 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 or SNF services 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.

**Important Hospital:** You have **56 out of 90 covered benefit days** remaining for the benefit period that began May 27, 2024.

**Your Messages from Medicare**  
Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms. **Prostate cancer** is the most common cancer in men. Medicare helps pay for prostate cancer screenings once every 12 months, for men over age 50. Talk to your doctor about getting checked.

**How to Get Help with Your Questions**  
1-800-MEDICARE (1-800-633-4227)  
Ask for the customer services. Your customer service code is 0535.

**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** cares about your health. If you've had trouble remembering things, concentrating, or making everyday decisions, Medicare Part B covers a visit with your doctor or a specialist to talk about it and do an exam.

**We can send you, upon request, Medicare information in large print, braille, or in other formats like braille and large print. Learn more at Medicare.gov/about-us/accessibility nondiscrimination-notice.**

Page 2

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

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

**Part A 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 Approval:** The column tells you if Medicare covered the inpatient stay.

**Non-Covered Charges:** This is the amount Medicare didn't pay for.

**Maximum Medicare Paid:** This is the amount Medicare paid for 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.

**See Notes Below:** For more information about Medicare Part A coverage, see your "Medicare & You" handbook.

**June 18 – June 21, 2024**  
Otero Hospital, (555) 555-1234  
PO Box 1142, Manati, PR 00674  
Referred by Jesus Sarmiento Forastí

Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit Period starting May 27, 2024	4 days	Yes	\$0.00	\$4,886.98	\$0.00
Total for Claim #20905400034102			\$0.00	\$4,886.98	\$0.00 A. B

**Notice for Claims Above**  
A. Days are being deducted 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.

Page 3

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

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

**Get More Details**  
If a claim was denied, call or write the hospital 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 correct their claim. Office of the contractor can help you file for an itemized statement for any service or claim.

**File an Appeal in Writing**  
Follow these steps:  
1 Circle the service(s) or claim(s) you disagree with on this notice.  
2 Explain 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

**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 1, 2024

**If You Need Help Filing Your Appeal**  
Contact us at 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 or 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 Medicare.gov/appeals.

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

Page 4

# Page 1 – Your Dashboard

## 1 DHHS Logo

The MSN has the official Department of Health and 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 Part A 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 A (Hospital Insurance)

Page 1 of 4

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

**2** **Notice for Jennifer Washington**

Medicare Number	XXXX-XXX-1234
Date of This Notice	September 15, 2024
Claims Processed Between	June 15 – September 15, 2024

**3** **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, 2024.

**Be Informed**

You can get your Medicare Summary Notices (MSNs) online. Get your electronic MSNs any month you have a processed claim by signing up at Medicare.gov/go-digital.

**4** **THIS IS NOT A BILL**

**5** **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

**6** **Facilities with Claims This Period**

June 18 – June 21, 2024
Otero Hospital

**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 large and bold.

## 5 Total You May Be Billed

This summary shows your approved and denied claims, as well as the total you may be billed.

## 6 Facilities You Went to

Check the list of dates for services you received 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 Fraud

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

### 1 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.

### 2 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).

**Beware of advertisements that read, “This item is approved by Medicare” or “No out-of-pocket expenses.”**

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.

**Did you know CMS prevented over \$4 billion from being paid for fraudulent Medicare claims over the last year?** We’re not waiting for fraud to happen—we’re stopping it before it starts.

### 3 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.

### 4 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, 2024.

**Skilled Nursing Facility:** You have **63 out of 100 covered benefit days** remaining for the benefit period that began May 27, 2024.

See your “Medicare & You” handbook for more information on benefit periods.

### 5 Your Messages from Medicare

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

**Prostate cancer is the second leading cause of cancer deaths in men.** Medicare helps pay for prostate cancer screenings once every 12 months, for men over age 50. Talk to your doctor about getting checked.

**Medicare cares about your health.** If you’ve had trouble remembering things, concentrating, or making everyday decisions, Medicare Part B covers a visit with your doctor or a specialist to talk about it and do an exam.

**We can send you, upon request, Medicare information for free in accessible formats like braille and large print.** Learn more at Medicare.gov/about-us/accessibility-nondiscrimination-notice.

## 5 Your Benefit Period

This section explains benefit periods.

## 6 General Messages

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

# Page 3 – Your Claims for Part A (Hospital Insurance)

## 1 Type of Claim

Claims can either be inpatient or outpatient.

## 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 the hospital or facility. Keep your bills and compare them to your notice to be sure you got all the services listed.

## 4 Benefit Period

This shows when your current benefit period began.

Jennifer Washington

THIS IS NOT A BILL | Page 3 of 4

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

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.

### 2 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.

June 18 – June 21, 2024

Otero Hospital, (555) 555-1234

PO Box 1142, Manati, PR 00674

Referred by Jesus Sarmiento Forastri

Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
4	Benefit Period starting May 27, 2024	4 days	Yes	\$0.00	\$4,886.98
				<b>\$0.00</b>	
				<b>\$0.00</b>	
					A, B
					<b>7</b>

Total for Claim #20905400034102

## 5 Approved Column

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

### 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.

## 6 Max You May Be Billed

This is the total amount the facility 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 items and supplies you got.

# Page 4 – 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 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.

### 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 1, 2024

### 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 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 Medicare.gov/appeals.

### File an Appeal in Writing

4

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

## 4 Appeals Form

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