



Part B

**What's in your
Medicare Summary Notice?**



Your MSN for Part B – Overview

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

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.

| | |
|--|---------------------------|
|  <h1>Medicare Summary Notice</h1> <h2>for Part B (Medical Insurance)</h2> <p>The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services</p> | Page 1 of 4 |
| JENNIFER WASHINGTON TEMPORARY ADDRESS NAME STREET ADDRESS CITY, ST 12345-6789 | |
| THIS IS NOT A BILL | |
| Notice for Jennifer Washington | |
| Medicare Number | XXXX-XXX-1234 |
| Date of This Notice | March 1, 2024 |
| Claims Processed Between | January 1 – March 1, 2024 |
| 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 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/digital. | |
| 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 | |
| Providers with Claims This Period | |
| January 21, 2024 Craig I. Secosan, M.D. | |

Page 1

Jennifer Washington

THIS IS NOT A BILL | Page 2 of 4

Making the Most of Your Medicare

▢ How to Check This Notice

Do you recognize the name of each facility? Check the dates.

Did you get the claim listed? Do they match those you submitted? Do your records and bills?

If you've paid a 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).

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 41 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.

▢ How to Get Help With Your Questions

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

Ask for "hospital services." Your customer-service code is 05353.

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

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling.

Call 1-555-555-3555.

▢ Medicare Preventive Services

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

- Talk to your doctor.
- Check your "Medicare & You" handbook for a complete list.
- Create an account on Medicare.gov.

▢ 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 having trouble making 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-accessibility nondiscrimination notice.

Page 2

Jennifer Washington

THIS IS NOT A BILL | Page 3 of 4

Your Claims for Part B (Medical Insurance)

Part B Medical insurance helps pay for doctors' services, hospital care, ambulance services, and other health care services.

Definitions of Columns

Service Approval: 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.

Your provider may choose to accept this amount as full payment for certain services. Medicare usually pays 80% of the Medicare-approved amount.

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 your provider is allowed to charge, and can include a deductible, copayments, 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.

January 21, 2024

Craig I. Seecom, 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 (9900) | Yes | \$143.00 | \$10797 | \$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 | | | \$10797 | \$86.38 | \$90.15 | B |

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

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 or facility and ask for an itemized statement for any claim. Make sure it is sent in the right information. If there is an error, ask the hospital or facility's 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:

July 1, 2024

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 or family member, or appoint someone, such as a lawyer or a 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

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

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 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

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 | March 1, 2024 |
| Claims Processed Between | January 1 – March 1, 2024 |

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 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 **Medicare Summary Notice**
for Part B (Medical Insurance)

Page 1 of 4

5 **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.

6 **Total You May Be Billed**

| | |
|-------------------------|------|
| Total You May Be Billed | \$90 |
|-------------------------|------|

7 **Providers with Claims This Period**

January 21, 2024
Craig I. Secosan, M.D.

¿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 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 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.

2

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).

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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.

4

4 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.

3 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.
- Create an account on Medicare.gov.

4 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 Preventive Services

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 the 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 make it easy to know what you were treated for.

Jennifer Washington

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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.

Definitions of Columns

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January 21, 2024

3 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 |
|--|-------------------|-------------------------|--------------------------|----------------------|---------------------------|-----------------|
| 4 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 |
| 5 Destruction of skin growth (17000) | NO | 68.56 | 0.00 | 0.00 | 68.56 | A |
| Total for Claim #02-10195-592-390 | | | \$107.97 | \$86.38 | \$90.15 | B |

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.

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.