



## **How to Read a Medicare Summary Notice (MSN)**

The Medicare Summary Notice (MSN) is a report of doctor visits, services, or supplies billed to Medicare in your name. It is mailed every three months when Medicare has been billed for services and is also available online at [MyMedicare.gov](http://MyMedicare.gov). The MSN explains the charges that will be paid by Medicare and those that will be paid by you or your other insurance. If you have questions about reading your MSN, or you notice something that may be fraud or abuse, contact the Illinois SMP (Senior Medicare Patrol) Program at AgeOptions at (800)699-9043.

### **Here is what you will find on the pages of your MSN:**

- Large text size and wide spacing to make reading easy
- Plain, concise language
- A “snapshot” on the first page of:
  - how much of your Part A or Part B deductible you have paid this year
  - the providers you saw during the reporting period
  - whether Medicare approved all of your claims
- Brief descriptions of your medical procedures
- Easy-to-understand definitions for terms you might not know
- Information on how to report fraud, notes about preventive medical services, and other important Medicare reminders
- Easy instructions on how to file an appeal

**You don't have to wait for your MSN to be mailed to you. You can visit [MyMedicare.gov](http://MyMedicare.gov) today to view the services and supplies you have received online.**



# Medicare Summary Notice for Part B (Medical Insurance)

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

FACILITY NAME  
JENNIFER WASHINGTON  
STREET ADDRESS  
CITY, ST 12345-6789

## THIS IS NOT A BILL

### Notice for Jennifer Washington

Medicare Number      **XXX-XX-1234A**  
.....  
Date of This Notice      **September 16, 2011**  
.....  
Claims Processed      **June 15 –**  
Between      **September 15, 2011**

### Your Claims & Costs This Period

**Did Medicare Approve All Items and Services?**      **YES**  
.....  
See page 2 for how to double-check your notice.  
.....  
**Total You May Be Billed**      **\$61.31**

### 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** of your **\$162** deductible for 2011.

### Suppliers with Claims This Period

May 9, 2011  
**Lincare Inc.**  
  
June 12, 2011  
**Prof Healing Solutions**  
  
July 6 – August 8, 2011  
**Walgreens Co**

### Be Informed!

Register at [www.MyMedicare.gov](http://www.MyMedicare.gov) for direct access to your Original Medicare claims, track your preventive services and print an “On the Go” report to share with your provider. Visit the Web site to sign up and access your personal Medicare information.

The previous page of this booklet shows an example of Page One of an MSN.

Page one of the MSN gives an overview of your current Medicare benefits and the claims for services provided in a specified period. It also gives tips on how to check your MSN for important facts and potential fraud. The MSN identifies whether the claims listed are for Part A (hospital insurance) or Part B (medical insurance). The MSN **is not a bill**. Your name, Medicare number, and deductible status are listed on page one, along with the providers you saw or supplies you received on a particular date. The MSN shows whether Medicare approved your services and items and how much you **may** be billed in total. (You will want to verify each claim.)

### **What to Check on Page One of Your MSN**

Make sure your name and address are correct. If any of this information is incorrect, contact Social Security to update the information they have on file. Social Security will update its records and send your new information to Medicare. To locate a Social Security office near you call (800)772-1213.

**YOUR MSN IS NOT A BILL – BUT DO NOT THROW IT AWAY!** It is important to read and check your MSN, because it lists the medical supplies and services you received and can help you detect errors. You should file it along with your medical records. When you no longer need your MSN (meaning after you have verified all claims), shred the notice *before* you throw it away.

### **Do you need your MSN in another language?**

Call 1-800-MEDICARE (1-800-633-4227) to receive your MSN or ask for assistance in a language other than English.

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# Making the Most of Your Medicare

## 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.

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## 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 billion**—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

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## 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.

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## 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.

**Do you use therapy services? Watch the limit!** In 2011, Medicare's annual coverage limit for most outpatient physical therapy and speech language pathology is \$1,860 combined.

The previous page shows an example of Page Two of an MSN.

Page two of the MSN gives suggestions on how to use the important information contained in the statement. Reviewing your MSN is one of the best ways that you can help **detect** potential errors, fraud, and abuse. Suggestions are given on how to look for mistakes. It is important to open and read your MSN as soon as you get it to make sure that all of the services listed are services you actually received. Pay attention to messages from Medicare about preventive services and recommendations for your health care.

### **Making the Most of Your Medicare**

The Illinois SMP Program recommends that you:

- Keep a record of medical visits, tests, receipts for services, and equipment you have received on a health care calendar.
- Review your MSN and compare it with your records to make sure they match. If you would like a personal health care journal to record your health care services, call the Illinois SMP Program at (800)699-9043.
- Check your MSN for names of providers that you do not recognize.
- Check for services or products listed on the MSN that you did not receive, are different than what you received, or were not ordered by your doctor.

### **How to Report Fraud**

If there are supplies or services listed on the MSN that you do not understand, call your provider and ask for an explanation. If they refuse or the explanation is not satisfactory, **call the Illinois SMP Program at (800)699-9043** to report the issue.

## Your Claims for Part B (Medical Insurance)

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.

**May 9, 2011**

**Lincare Inc., (555) 555-1234**

PO BOX 996, Blue Springs, MO 64013-0996

Ordered by John K Whalen

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Oxygen Concentrator (E1390-RR) Rental	Yes	\$442.00	\$173.17	\$138.54	<b>\$34.63</b>	<b>A</b>
<b>Total for Claim #10334829487000</b>		\$442.00	\$173.17	\$138.54	<b>\$34.63</b>	<b>B</b>

Continued →

### 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.

The previous page shows an example of Page Three of an MSN.

Page three of the MSN includes consumer-friendly descriptions of medical procedures and outpatient services that were submitted to Medicare in your name.

### ◆◆◆ MAXIMUM YOU MAY BE BILLED ◆◆◆

Make special note of the column that reads “**Maximum You May Be Billed.**” **This is the most important column on your MSN.** This amount is the most a provider can bill you. This amount may include deductibles, coinsurance, and non-covered charges. The provider may **NOT** bill you more than this amount! If you have Medicare supplement insurance, it may pay all or a portion of this amount.

If you have already paid the provider, check to make sure that what you paid matches the amount in the “Maximum You May Be Billed” column on your MSN. If you paid more than what is listed on your MSN, contact your provider’s billing department to request a refund.

#### **Description of Service:**

A brief description of the service performed will be listed for each claim. Make sure this description seems appropriate for the service that you received and that you actually received the service.

#### **See Notes Below:**

If there is a letter in this column, that means there is a note(s) on this claim. Read the “Notes for Claim Above” section located at the bottom of the page for extra information about the service you received.

If your bill has been sent to your supplement insurance, there will be a note here. If you have supplement insurance, wait until you receive (1) an explanation of benefits statement that shows the amount paid to the provider and (2) a bill from the provider before you make a payment for the service.

**May 9, 2011**

**Lincare Inc., (555) 555-1234**  
 PO BOX 996, Blue Springs, MO 64013-0996  
 Ordered by John K Whalen

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Portable gaseous 02 (E0431-RR) Rental	Yes	\$117.61	\$28.77	\$23.02	\$5.75	C
<b>Total for Claim #10334829489000</b>		\$117.61	\$28.77	\$23.02	\$5.75	D

**June 12, 2011**

**Prof Healing Solutions, (555) 555-1234**  
 2497 S Roane St, Ste 220, Harriman, TN 37748-8689  
 Ordered by Barry Dick

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
63 Conform band s w>=3 <5 /yd dressing for one wound (A6446-A1)	Yes	\$31.00	\$27.09	\$21.67	\$5.42	
<b>Total for Claim #10323807216000</b>		\$31.00	\$27.09	\$21.67	\$5.42	D

**July 6 – August 8, 2011**

**Walgreen Co, (555) 555-1234**  
 PO BOX 90482, Chicago, IL 60696-0482  
 Referred by Patrick T Burns

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
2 Blood glucose/reagent strips (A4253-NUKX) Specific Required Documentation	Yes	\$124.99	\$77.56	\$62.05	\$15.51	
<b>Total for Claim #10320806344000</b>		\$124.99	\$77.56	\$62.05	\$15.51	D

**Notes for Claims Above**

- C** 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.
- D** 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.



The previous page shows an example of Page Four of an MSN.

Page four of the MSN includes additional claims and descriptions for medical procedures and outpatient services that were submitted to Medicare.

**Amount Provider/Supplier Charged (Ignore this column!):**

This is the maximum amount the supplier charges someone with no insurance. However, Medicare has its own negotiated reimbursement rate for each product or service. This is not what Medicare will pay the provider/supplier or what you or your insurance will owe.

**Medicare Approved Amount:**

This is the total amount that Medicare allows a provider/supplier to be paid for this service or product.

**Amount Medicare Paid:**

This is the amount that Medicare paid the provider/supplier for that claim. It will often be 80% of the Medicare Approved Amount for Part B claims.

**Maximum You May Be Billed:**

See page 7 for information about the maximum you may be billed.

## How to Handle Denied Claims or File an Appeal

### Get More Details

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.

### 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 14, 2012**

### 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 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 & 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 item(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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier 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**

The previous page shows an example of the last page of an MSN.

The last page of your MSN provides you with detailed and easy-to-understand information on how to file an appeal if your claim has been denied.

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

If a claim was not paid by Medicare and you believe that it should be, you have the right to appeal. This page will guide you through that process. You can also call a Senior Health Insurance Program (SHIP) counselor to help you file an appeal. To find a local SHIP counselor in Illinois, call the Illinois SHIP Program at (800)548-9034.

If you live in a different state, you can find your state's SHIP Program by calling 1-800-MEDICARE (1-800-633-4227).

# The SMP Message:

## Protect

Never give out your personal information, especially your Medicare number, to someone you do not know.

## Detect

Read your Medicare Summary Notice (MSN) and look for:

- Services you did not receive
- Services different than what you received
- Services that are not medically necessary

## Report

Call the Illinois SMP at AgeOptions with questions or to report potential fraud:  
(800)699-9043.



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