

# Medicare Summary Notice Guide

## How to Read Your Medicare Summary Notice (MSN) - Part A

Below is a sample Medicare Summary Notice (MSN) for Part A services and information on how to read it. The MSN is **not** a bill. **Do not** send money to Medicare or to the provider until you get a bill.



# Medicare Summary Notice

June 30, 2006 1

**2** CUSTOMER SERVICE INFORMATION

**3** Your Medicare Number: 111-11-1111-A

If you have questions, write or call:  
 Medicare (#12345)  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX

**Call: 1-800-MEDICARE (1-800-633-4227)**  
**Ask For Hospital Services**  
 TTY users should call: 1-877-486-2048.

**4** Name  
 Street Address  
 City, State ZIP Code

**5** **BE INFORMED:** Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 3/15/06 through 6/15/06.

**6** **PART A HOSPITAL INSURANCE - INPATIENT CLAIMS**

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
<p><b>7</b> Claim number 12345-84956-84556</p> <p><b>8</b> Hospital Name, Street Address, City, State ZIP Code</p> <p>Referred by: Paul Jones, M.D.</p> <p><b>9</b> 04/07/06–05/09/06</p>	<b>10</b> 14 days used	<b>11</b> \$0.00	<b>12</b> \$876.00	<b>13</b> \$876.00	<b>14</b> a, b

**THIS IS NOT A BILL** – Keep this notice for your records.

1. **Date:** Date MSN was sent.
2. **Customer Service Information:** Who to contact with questions about the MSN. Provide your Medicare number (3), the date of the MSN (1), and the date of the service you have a question about (7).
3. **Medicare Number:** The number on your Medicare card.
4. **Name and Address:** If incorrect, contact the company listed in (2), and the Social Security Administration immediately.
5. **Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
6. **Part A Hospital Insurance - Inpatient Claims:** Type of service. See the back of MSN for additional information. **(Please Note:** For outpatient services, this section is called "**Part B Medical Insurance - Outpatient Facility Claims.**")
7. **Claim Number:** Number that identifies this specific claim.

8. **Provider's Name and Address:** Facility's name and billing address. The referring doctor's name will also be shown. The address shown is the billing address, which may be different from where you receive the service(s).
9. **Dates of Service:** Dates service was provided. You may use these dates to compare with the dates shown on your hospital bill.
10. **Benefit Days Used:** Shows the number of days used in the benefit period. See the back of your MSN for an explanation of benefit periods. (**Please Note:** For outpatient services, this column is called "**Amount Charged.**")
11. **Non-Covered Charges:** Shows the charges for services denied or excluded by the Medicare program for which you may be billed.
12. **Deductible and Coinsurance:** The amount applied to your deductible and coinsurance.
13. **You May Be Billed:** The total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
14. **See Notes Section:** If letter appears, refer to (15) for explanation.

**15** **Notes Section:**

a You have 46 full days remaining in this benefit period.

b \$876.00 was applied to your inpatient deductible.

**16** **Deductible Information:**

You have met the Part A deductible for this benefit period.

**17** **General Information:**

Please notify us if your address has changed or is incorrect as shown on this notice.

**18** **Appeals Information - Part A (Inpatient)**

**If you disagree with any claims decisions on Part A of this notice, your appeal must be received by November 1, 2006.**

Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1. (You may also send any additional information you may have about your appeal.)

3) Sign here \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

15. **Notes Section:** Explains letters in (14) for more detailed information about your claim.
16. **Deductible Information:** How much of your deductible you have met for the benefit period.
17. **General Information:** Important Medicare news and information.
18. **Appeals Information:** How and when to request an appeal.

# Medicare Summary Notice Guide

## How to Read Your Medicare Summary Notice (MSN) - Part B

Below is a sample Medicare Summary Notice (MSN) for Part B services and information on how to read it. The MSN is **not** a bill. **Do not** send money to Medicare or to the provider until you get a bill.

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

## Medicare Summary Notice

June 30, 2006

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: 111-11-1111-A**

If you have questions, write or call:  
 Medicare (#12345)  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX

**Call: 1-800-MEDICARE (1-800-633-4227)**  
**Ask For Doctor Services**  
 TTY users should call: 1-877-486-2048.

**BE INFORMED:** Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 3/15/06 through 6/15/06.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 12345-84956-84556						
04/07/06	1 Office/Outpatient Visit, ES (99214)	\$55.00	\$44.35	\$0.00	\$44.35	a b

**THIS IS NOT A BILL – Keep this notice for your records.**

- Date:** Date MSN was sent.
- Customer Service Information:** Who to contact with questions about the MSN. Provide your Medicare number (3), the date of the MSN (1), and the date of the service you have a question about (7).
- Medicare Number:** The number on your Medicare card.
- Name and Address:** If incorrect, contact the company listed in (2), and the Social Security Administration immediately.
- Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
- Part B Medical Insurance - Assigned Claims:** Type of service. See the back of MSN for information about assignment. (**Please Note:** For unassigned services, this section is called "**Part B Medical Insurance - Unassigned Claims.**")
- Claim Number:** Number that identifies this specific claim.
- Provider's Name and Address:** Doctor (may show clinic, group, and/or referring doctor) or provider's name and billing address. The referring doctor's name may also be shown if the service was ordered or referred by another doctor. The address shown is the billing address, which may be different from where you received the services.
- Dates of Service:** Date service or supply was received. You may use these dates to compare with the dates shown on the bill you receive from your doctor.

10. **Amount Charged:** Amount the provider billed Medicare.
11. **Medicare Approved:** Amount Medicare approves for this service or supply.
12. **Medicare Paid Provider:** Amount Medicare paid to the provider. (**Please Note:** For unassigned services, this column is called "Medicare Paid You.")
13. **You May Be Billed:** The total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
14. **See Notes Section:** If letter appears, refer to (16) for explanation.
15. **Services Provided:** Brief description of the service or supply received.

**16** **Notes Section:**

a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.

b This approved amount has been applied toward your deductible.

**17** **Deductible Information:**

You have now met \$44.35 of your \$100 Part B deductible for 2006.

**18** **General Information:**

Please notify us if your address has changed or is incorrect as shown on this notice.

**19** **Appeals Information - Part B**

**If you disagree with any claims decisions on this notice, your appeal must be received by November 1, 2006.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

16. **Notes Section:** Explains letters in (14) for more detailed information about your claim.
17. **Deductible Information:** How much of your yearly deductible you have met.
18. **General Information:** Important Medicare news and information.
19. **Appeals Information:** How and when to request an appeal.

**Medicare & You provides more information about coverage and other services. For a free copy, call 1-800-Medicare (1-800-633-4227) or visit the website [www.medicare.gov](http://www.medicare.gov).**

**Also, please note that you will receive a separate Explanation of Benefits (EOB) directly from your plan or provider for your Medicare Part D prescriptions.**

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