



# 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 provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider 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 13, 2013

**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 provider:** Ask your provider 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 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 or your representative's signature  
Your telephone number  
Your complete Medicare number
- 4 Include any other information you have about your appeal. You can ask your provider 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 when filling out the form.

**IF YOU SUSPECT MEDICARE FRAUD, ERRORS, OR ABUSE, REPORT IT TO SENIOR MEDICARE PATROL!**



## READING YOUR MEDICARE SUMMARY NOTICE

# 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!

**1** **4** **Medicare Summary Notice** for Part B (Medical 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-XXXX-XXXX             |
| Date of This Notice      | March 1, 2019              |
| Claims Processed Between | January 1 to March 1, 2019 |

**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 2013.

**Be Informed!**

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

**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 Providers You Saw**

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.

**THIS IS NOT A BILL**

**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, 2013  
Craig I. Secosan, M.D.

**REPORT MEDICARE FRAUD TO SENIOR MEDICARE PATROL!**

[Sabia que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español. 1-800-MEDICARE (1-800-633-4227)]

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