

My Health Care Tracker

Protect yourself from fraud by tracking your health care!





Why Keep a Health Care Tracker?

- To help you keep a record of the health care services you receive.
- To make sure the health care services, tests, and/or medical equipment items you receive are listed correctly on your Medicare Summary Notice (MSN), which you receive if you have Original Medicare, or Explanation of Benefits (EOB), which you receive if you have a Medicare Advantage plan.
 - This may reduce the amount you owe and help prevent your medical identity from being stolen.
 - This also protects the Medicare program for generations to come.
- To protect yourself and your health care benefits from fraud, errors, and abuse.



Your local SMP can:

Work with you one-on-one to examine your Medicare Summary Notices (MSNs) or Explanations of Benefits (EOBs) to determine potential fraud, errors, or abuse. They can contact providers to discuss billing issues and refer possible cases to the appropriate agencies or authorities.

Educate people in group presentations and at exhibits or events on how to avoid becoming victims of scams.

Engage volunteers to work with their peers and others to do this important work.

Senior Medicare Patrols

Senior Medicare Patrols (SMPs) help people prevent, detect, and report Medicare fraud, errors, and abuse through outreach, counseling, and education. SMPs want you to:

PROTECT

yourself from fraud by protecting your personal information

- Treat your Medicare, Medicaid, and other health care plan numbers like a credit card number.
- Don't believe callers who say they're from Medicare. In fact, Medicare will not call you or visit you to sell you anything!

DETECT fraud, errors, and abuse

- Review your Medicare Summary Notices (MSNs) or Explanations of Benefits (EOBs) for mistakes. Compare them to prescription drug receipts and your record in this log.
- Look for:
 - Charges for something you didn't get
 - Billing for the same thing twice
 - Services that were not ordered by your doctor
- Visit www.medicare.gov to access your Medicare account online.

REPORT mistakes or questions

- If you notice mistakes, have questions, or notice suspicious charges, call your provider or insurance plan first.
 - If you are not satisfied with their response, report it to your local SMP.
- Find out more information at www.smpresource.org, 1-877-808-2468, or the SMP Medicare Tracker app.



Instructions for Using My Health Care Tracker

- 1. Take this tracker with you to your medical appointments.
- 2. Record information from your appointments in this tracker. Include:
 - The date, length of visit (such as 5, 15, 30, or 45 minutes), medical provider, and reason for the visit
 - The names of the tests, (such as X-rays, blood drawn, urine testing, ultrasound, and checked weight, height, and blood pressure), equipment, or prescriptions
- **3**. When your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) arrives, compare the information.

Place a check mark to the right of the entry ONLY if:

- The date, length of visit, medical provider, and reason for the visit match the MSN or EOB
- The names of the tests, equipment, or prescriptions on the MSN or EOB are the same names that you recorded in your tracker
- **4**. Contact your provider or local Senior Medicare Patrol office if:
 - You need assistance comparing your completed tracker with your MSN or EOB
 - You've completed your comparison and identified boxes for which there are no check marks
 - There are charges on your MSN or EOB for visits, tests, equipment, or prescriptions you didn't receive or were not ordered by your doctor
 - You were billed twice for the same visit, test, equipment, or prescription



Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12			
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12			
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12			
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12			
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12			
		/Seni	or Medicare Pat	rol	

						_
Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (Ir) person or virt	ual, in minutes	s)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* ,	к *		
		* *			
		10	SIVI		
		/Seni	or Medicare Pat	rol	

						_
Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (Ir) person or virt	ual, in minutes	s)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* ,	к *		
		* *			
		10	SIVI		
		/Seni	or Medicare Pat	rol	

						_
Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12			
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗆 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	

Date:		LENGTH	OF VISIT (Ir	n person or virt	ual, in minutes)	
Provider		0-5	5-15	□ 15-30	□ 30-45	
Name:		NOTES				
Reason for Visit:						
RECEIVED						
🗌 Blood Drawn	🗆 Shot (Ex: flu, pneumonia)					
CT/PET/MRI	□ Urine Test					
Dialysis	🗆 X-ray		* *	* *		
Medical Device	□ Other		* *			
(Ex: DME, brace)			12			
□ Medication			/Seni	or Medicare Pat	rol	
🗆 Oxygen						

n	2	÷	0	
υ	a	L	C	٠

Reason for Visit:

RECEIVED

Blood Drawn	🗆 Shot (Ex: flu, pneum
CT/PET/MRI	□ Urine Test
Dialysis	🗌 X-ray
Medical Device	Other
(Ex: DME, brace)	
\Box Medication	
□ Oxygen	

	LENGTH	I OF VISIT (In	person or virt	ual, in minutes	5)
	0-5	5-15	□ 15-30	30-45	
	NOTES				
onia)					
		* *	*		
		* *			
		12	SIVI		
		/Seni	or Medicare Pat	rol	





NOTES

* * * * * *
SNP
Senior Medicare Patro





NOTES

 × *
STAR
Senior Medicare Patrol



 * * *
Senior Medicare Patrol

State Health Insurance Assistance Programs

The State Health Insurance Assistance Programs (SHIPs) provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.

Contact your local SHIP to:

- Get one-on-one assistance with reviewing Medicare health or prescription drug plan options.
- Learn about assistance programs you or your loved ones might be eligible for.
- Understand Medicare's eligibility criteria and what Medicare does or does not cover.
- Know your rights under Medicare.
- Volunteer to help others.



Find your local SHIP by calling 1-877-839-2675 or by using the SHIP Locator at www.shiptacenter.org.

Volunteer for SMP



Senior Medicare Patrol (SMP) needs volunteers to help them carry out their important work. In fact, thousands of people nationwide serve as volunteers. They:

- **1.** Assist with administration: Copy, file, do data entry, and make calls.
- **2. Distribute information:** Take SMP information materials to sites and events.
- 3. Staff exhibits: Staff information kiosks or exhibits at events such as health fairs.
- 4. Make group presentations: Give talks on SMP topics to small and large groups.
- **5. Counsel:** Work with beneficiaries on their individual situations. This may include reviewing MSNs, billing statements, and other related financial and health documents.
- **6. Manage complex interactions:** Have in-depth interactions with beneficiaries who are reporting specific instances of health care fraud, errors, and abuse.

Want to fight Medicare fraud, errors, and abuse? Call 1-877-808-2468 or use the SMP Locator at www.smpresource.org.

Important Contacts

Eldercare Locator

1-800-677-1116 https://eldercare.acl.gov/Public/Index.aspx

Federal Trade Commission 1-877-FTC-HELP www.ftc.gov and www.identitytheft.gov

Long-term Care Ombudsman www.ltcombudsman.org

Medicare 1-800-MEDICARE www.medicare.gov

National Center for Disaster Fraud 1-866-720-5721

National Do Not Call Registry 1-888-382-1222 www.donotcall.gov **Quality-of-care Concerns** (provider complaints) www.medicare.gov/claims-appeals/filea-complaint-grievance/filing-a-complaint-aboutyour-quality-of-care

Senior Medicare Patrol 1-877-808-2468 www.smpresource.org

Social Security 1-800-772-1213 (TTY 1-800-325-0778) www.ssa.gov

State Health Insurance Assistance Programs 1-877-839-2675 www.shiptacenter.org

This project was supported, in part, by grant number 90MPRC0002 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their finding and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.





1-877-808-2468 www.smpresource.org

PROTECT DETECT REPORT

Senior Medicare Patrols (SMPs) help beneficiaries **PROTECT** themselves by learning about scams and fraud, **DETECT** possible fraud, errors, and abuse, and **REPORT** fraudsters to the appropriate authorities.

www.smpresource.org