How to Handle Denied Claims or File an Appeal

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 the right information. If they didn’t, ask the provider to correct our claims office to 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.

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, 2011

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 how to appoint 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.

Medicare Summary Notice
for Part B (Medical Insurance)

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

Facility Name
Your Name Here
Street Address
City, State 12345-6789

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

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.

Be Informed!
Register at 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.

For help understanding your MSN, please call 800.986.3505
Making the Most of Your Medicare

How to Check This Notice
Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?
Did you get the 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.

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.

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.

How to Report Fraud
If you think a provider 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, tax payers saved $4 billion—the largest sum ever recorded in a single year—thanks in large part to people who came forward and reported suspicious activity.

How to Get Help with Your Questions
1-800-MEDICARE (1-800-633-4227)
Ask for “doctors 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.

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
Service Approved?: 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.

June 18, 2011
Jane Doe, M.D., (XXX)XXX-XXXX
Physical Therapy, Main Street, Any Town, Any State XXXXX

<table>
<thead>
<tr>
<th>Service Provided &amp; Billing Code</th>
<th>Service Approved?</th>
<th>Amount Provider Charged</th>
<th>Medicare-Approved Amount</th>
<th>Amount Medicare Paid</th>
<th>Maximum You May Be Billed</th>
<th>See Notes Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes (97110)</td>
<td>Yes</td>
<td>$45.00</td>
<td>$28.54</td>
<td>$22.83</td>
<td>$5.71</td>
<td>A</td>
</tr>
</tbody>
</table>

Total for Claim 999-99999-999-999
$45.00 $28.54 $22.83 $5.71 A

Notes for Claims Above
A 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.

Continued →