



# Medicare Summary Notice for Part B (Medical Insurance)

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



JMA

**THIS IS NOT A BILL**

<b>Notice for</b> [REDACTED]	
Medicare Number	[REDACTED]
Date of This Notice	<b>April 27, 2018</b>
Claims Processed Between	<b>January 13 - April 27, 2018</b>

## 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** **\$382.70**

## 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 your **\$183.00** deductible for 2017. You have now met **\$111.96** of your **\$183.00** deductible for 2018.

## Be Informed!

Medicare has started mailing new Medicare cards to everyone with Medicare. You don't need to do anything to get your new card. Medicare will mail your new card to the address you have on file with Social Security. Visit [Medicare.gov/newcard](http://Medicare.gov/newcard) to learn more.

## Facilities with Claims This Period

August 01, 2017 - February 13, 2018



**See next page ...**

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说 "Mandarin"

**1-800-MEDICARE (1-800-633-4227)**

**January 02, 2018**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Hospital outpatient clinic visit for assessment and management of a patient (G0463-PO)	<b>NO</b>	\$229.00	\$0.00	\$0.00	\$229.00	E,F
<b>Total for Claim</b>		\$229.00	\$0.00	\$0.00	\$229.00	E,F,G

**February 13, 2018**

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Hospital outpatient clinic visit for assessment and management of a patient (G0463-PO)	Yes	\$229.00	\$229.00	\$0.00	\$111.96	H
<b>Total for Claim</b>		\$229.00	\$229.00	\$0.00	\$111.96	G,I

It IS happening ... Medicare is denying payments for services related to settlement injuries. See denial reason below.

**Notes for Claims Above**

- E** Your claim has been denied by Medicare because you may have funds set aside from your settlement to pay for your future medical expenses and prescription drug treatment related to your injury (ies).
- F** Medicare does not pay for this item or service.
- G** The amount Medicare paid the provider for this claim is \$0.00.
- H** \$111.96 of this approved amount has been applied toward your deductible.
- I** This information is being sent to [REDACTED]. Send any questions regarding your benefits to them.