



Medicare Summary Notice for Part B (Medical Insurance)

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

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This Is Not A Bill



Your Claims & Costs This Period

Did Medicare Approve All Services? **NO**

Number of Services Medicare Denied

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 **5276.00**

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 deductible for 2018.

Providers with Claims This Period

October 2, 2018

Great Lakes Physician Practi

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 to learn more.

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¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果需要因语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说 "Mandarin". **1-800-MEDICARE (1-800-633-4227)**

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.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Definitions of Columns

Service Approved?: This column tells you if Medicare covered the service.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Amount Provider Charged: This is your provider's fee for this service.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

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.

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Parkhurst, Rebecca L., PA New patient office or other outpatient visit, typically 60 minutes (99205)	NO	\$270.00	\$0.00	\$0.00	\$270.00	
Total for Claim		\$270.00	\$0.00	\$0.00	\$270.00	A

See Note A

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Notes for Claims Above

A 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).