




Connecting Older Adults with Community-based Resources and Options

Reading Your Medicare Summary Notice: Medicare Part A Benefits



Medicare Summary Notice

June 16, 2006

1

2 CUSTOMER SERVICE INFORMATION

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Your Medicare Number: 111-11-1111-A

If you have questions, write or call:
 Medicare (#12345)
 555 Medicare Blvd.
 Suite 200
 Medicare Building
 Medicare, US XXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Hospital Services
 TTY users should call: 1-877-486-2048.

4 Name
 Street Address
 City, State ZIP Code

5 **BE INFORMED:** Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 5/15/06 through 8/15/06.

6 **PART A HOSPITAL INSURANCE - INPATIENT CLAIMS**

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
7 Claim number 12345-84956-84556 8 Hospital Name, Street Address, City, State ZIP Code Referred by: Paul Jones, M.D. 9 04/07/06–05/09/06	10 14 days used	11 \$0.00	12 \$876.00	13 \$876.00	14 a, b

THIS IS NOT A BILL – Keep this notice for your records.

The Area Agency on Aging of Suburban Cook County, since 1974

1048 Lake Street, Suite 300
Oak Park, Illinois 60301-1102

phone (800)699-9043
(708)383-0258

fax (708)524-0870
TTY (708)524-1653

www.ageoptions.org

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Notes Section:

- a You have 46 full days remaining in this benefit period.
- b \$876.00 was applied to your inpatient deductible.

16

Deductible Information:

You have met the Part A deductible for this benefit period.

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General Information:

Please notify us if your address has changed or is incorrect as shown on this notice.

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Appeals Information - Part A (Inpatient)

If you disagree with any claims decisions on Part A of this notice, your appeal must be received by November 1, 2006.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone Number (____) _____

1. **Date:** This is the date that your Medicare Summary Notice was sent.
2. **Customer Service Information:** This is who you can contact if you have questions about your MSN. Provide your Medicare number (3), the date the MSN was sent (1), and the date of the service you have a question about (7).
3. **Medicare Number:** This is the number on your Medicare card. (**NOTE: Medicare will not list your full Medicare number, just the last 4 numbers and the letter at the end.**)
4. **Name and Address:** This should be your name and address. If it is wrong, you should contact the company listed in the “Customer Service Information” box (2), and the Social Security Administration immediately.
5. **Be informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
6. **Part A Hospital Insurance – Inpatient Claims:** This is a list of services that Medicare covered for you. On a Part A Medicare Summary Notice, this will be hospital visits, skilled nursing care, etc. On a Part B Medicare Summary Notice, this section is called “**Part B Medical Insurance—Outpatient Facility Claims,**” and you will see a list of doctor’s appointments and other “outpatient” services.
7. **Claim Number:** Each service listed, or “claim,” will have its own number.
8. **Provider’s Name and Address:** This should be the name and address for the place that provided the service (the hospital, for example). The doctor’s name should be the name of the doctor that referred you for the service. The address shown is the billing address, which may be different from where you received the service(s).
9. **Dates of Service:** These are the dates the service was provided. You may use these dates to compare with the dates on your hospital bill.

10. **Benefit Days Used:** (Only on Part A notices!) This column shows the number of days that you have used in your current benefit period. See the back of your MSN for an explanation of benefit periods.
11. **Non-Covered Charges:** If there are charges in this column, it means that all or part of the charge for the service was denied or excluded by the Medicare program. You may be billed for any non-covered charges.
12. **Deductible and Coinsurance:** This column will list how much of the charge for the service was paid for by your deductible and coinsurance.
13. **You May Be Billed:** This is the total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
14. **See Notes Section:** If there are letters in this column, look at the Notes Section (15) for an explanation.
15. **Notes Section:** This section explains letters in the “See Notes Section” column (13).
16. **Deductible Information:** How much of your deductible you have met (already paid) for this benefit period.
17. **General Information:** Important Medicare news and information.
18. **Appeals Information:** **HOW** and **WHEN** to request an appeal.

Information for this handout was taken in part from the Medicare (CMS) website, (http://www.medicare.gov/Basics/SummaryNotice_HowToReadB.asp), which was updated on March 27, 2008.

