

How to File A Claim For Medicare Supplement Insurance Benefits

Section 1: Doctor's Charges and Other Medical Expenses not provided by a hospital

These are the most common health care claims. **After your doctor/supplier has filed with Medicare**, you will receive a Medicare Summary Notice (MSN) form depicted below:

CMS Medicare Summary Notice		Page 1 of 2 July 1, 2006				
BENEFICIARY NAME STREET ADDRESS CITY, STATE ZIP CODE		CUSTOMER SERVICE INFORMATION Your Medicare Number: 111-11-1111A 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 Doctor Services TTY for Hearing Impaired: 1-877-486-2048				
BE INFORMED: Beware of telemarketers offering free or discounted medicare items or services.						
This is a summary of claims processed from 05/10/2006 through 08/10/2006.						
PART B MEDICAL INSURANCE – ASSIGNED CLAIMS						
Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84556 Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024 Referred by: Scott Wilson, M.D.						
04/19/06	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	b
04/19/06	1 Admin. flu vac (G0008)	5.00	3.43	3.43	0.00	b
Claim Total		\$10.00	\$7.31	\$7.31	\$0.00	
Claim Number: 12435-84956-84557 ABC Ambulance, P.O. Box 2149, Jacksonville, FL 33231						
04/25/06	1 Ambulance, base rate (A0020)	\$289.00	\$249.78	\$199.82	\$49.96	a
04/25/06	1 Ambulance, per mile (A0021)	21.00	16.96	13.57	3.39	
Claim Total		\$310.00	\$266.74	\$213.39	\$53.35	
PART B MEDICAL INSURANCE – UNASSIGNED CLAIMS						
Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84558 William Newman, M.D., 362 North Street, Jacksonville, FL 33231-0024						
03/10/06	1 Office/Outpatient Visit, ES (99213)	\$47.00	\$33.93	\$27.15	\$39.02	c
THIS IS NOT A BILL – Keep this notice for your records.						

The MSN shows all the services or supplies that providers and suppliers billed to Medicare during each 3-month period, what Medicare paid, and what you may owe the provider. **The MSN is not a bill.**



SEND US THIS FORM OR A COPY TO FILE YOUR CLAIM.

Question:

Why do I have to wait until I receive a form from Medicare?

Answer:

Your policy supplements Medicare; therefore, we cannot consider benefits under your policy until we know how much Medicare has approved and/or paid.

Question:

How can I file a claim before I receive the MSN?

Answer:

You may visit www.MyMedicare.gov to track your Medicare claims online. You may print and mail us a copy once Medicare pays the claim.

Section 2: Outpatient Hospital Charges

These are charges for services you receive from the hospital even though you are not confined overnight. To file your claim with us:

ASK THE HOSPITAL TO SEND US A COPY OF THE REMITTANCE ADVICE THE HOSPITAL RECEIVES FROM MEDICARE.

OVER PLEASE ...

Section 3: Inpatient Hospital Charges & Skilled Nursing Facility Charges

- **INPATIENT HOSPITAL CHARGES:** These are charges associated with overnight confinement in a hospital. To file your claim with us:

ASK THE HOSPITAL TO SEND US A COPY OF THE SAME FORM THE HOSPITAL SENDS TO MEDICARE — the UB-04 (CMS 1450).

This is the fastest and simplest way to forward your claim to us ...

OR ...

... Another way to file your inpatient hospital claim is to wait until you receive the “Medicare Summary Notice” shown here and **send us a copy.**



NOTE: You may also visit www.MyMedicare.gov to track your claims online and mail us a copy once Medicare pays the claim.

- **SKILLED NURSING FACILITY CHARGES:** After your claim is filed with Medicare, you will receive a “Medicare Summary Notice.”

SEND US THIS FORM OR A COPY TO FILE YOUR CLAIM.



Question:

What if I am confined in a skilled nursing facility for which Medicare pays no benefits?

Answer:

In these cases, we do not always provide benefits either. If you are uncertain whether benefits would be available under your coverage, you should send us copies of your bills from the nursing facility so that we can determine if benefits are due.

Medicare Summary Notice

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BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

BE INFORMED: Beware of “free” medical services or products. If it sounds too good to be true, it probably is.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

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

Call: 1-800-MEDICARE (1-800-633-4227)
Ask for Hospital Services
TTY for Hearing Impaired: 1-877-486-2048

This is a summary of claims processed from 05/15/2006 through 08/10/2006.

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
Claim Number: 12435-84956-84556-45621 Cure Hospital, 213 Sick Lane, Dallas, TX 75555					
Referred by: Paul Jones, M.D. 04/25/06 – 05/09/06					
	14 days	\$0.00	\$876.00	\$876.00	b, c
Claim Number: 12435-84956-84556-45622 Continued Care Hospital, 124 Sick Lane, Dallas, TX 75555					
Referred by: Paul Jones, M.D. 05/09/06 – 06/20/06					
	11 days	\$0.00	\$0.00	\$0.00	

PART B MEDICAL INSURANCE – OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim Number: 12435-8956-8458 Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209						
Referred by: Paul Jones, M.D.						
04/02/06	L.V. Therapy (Q0081)	\$33.00	\$0.00	\$6.60	\$6.60	
	Lab (3810)	1,140.50	0.00	228.10	228.10	
	Operating Room (31628)	786.50	0.00	157.30	157.30	
	Observation Room (99201)	293.00	0.00	58.60	58.60	
	Claim Total	\$2,253.00	\$0.00	\$450.60	\$450.60	(continued)

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

Help us help you file claims easy and fast.

1. **Please send us only the forms described in this instruction sheet.** Be sure to send us all pages of the form as benefits can be determined only from these forms. Sending other items will not allow us to process your claim.
2. **Please keep a copy of what you file with us.** That way you can be sure of which claims you have submitted. You will also have a copy to refer to if you have a question, or need to resubmit your claim should the mail go astray.

Our commitment to you is to provide excellent and timely service. We are glad to assist you in any way we can and invite you to let us know promptly of any problems.