


# How to File A Claim For Medicare Supplement Insurance Benefits

## Section 1: Doctors' 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" form depicted below:

### MEDICARE SUMMARY NOTICE



#### Medicare Summary Notice

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**PAUL C HOLDER**  
1010 MAIN STREET  
ANYTOWN, US 11111-1111

**CUSTOMER SERVICE INFORMATION**  
Your Medicare Number 111-11-1111A  
If you have questions, write or call:  
Administrator, Inc.  
Anywhere St.  
Anytown, AnyState 11111-1111  
**SEND APPEALS:**  
Anywhere St., Anytown, AnyState 11111  
**VISIT US AT:**  
Anywhere St., Anytown, AnyState 11111

**HELP STOP FRAUD:** Do not call your Medicare number or Medicare Summary Notice.

This is a summary of claims processed on 05/22/00

**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: 09090909090909090						
Service Provider, Anystreet Anytown, Anystate 10101 Referred by: Dr. Health						
04/12/00	2 Advanced life support milong (A0390-RH)	512.00	35.42	\$4.34	\$12.00	
04/12/00	1 Ambulance 02 mile sustaining (A0422-RH)	25.00	0.00	0.00	25.00	b
04/12/00	1 Ambulance (Y9004-RH)	50.00	0.00	0.00	50.00	b
04/12/00	1 Adv or spec serv sep mile (A0330-RH)	410.00	211.10	168.88	410.00	
<b>Claim Total</b>		<b>\$497.00</b>	<b>\$216.52</b>	<b>\$173.22</b>	<b>\$497.00</b>	

**Notes Section:**

a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.

b Payment is included in another service received on the same day.

**Deductible Information:**

You have met the Part B deductible for 2000

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

0001617 92810008091

This form shows the charges and amounts paid by Medicare and will state that it is "not a bill." It usually takes Medicare about a month to send this form.



**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.

## 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-92 (HCFA 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.** (It usually takes Medicare about a month to send this form to you.)





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## Medicare Summary Notice

**PAUL C HOLDER**  
1010 MAIN STREET  
ANYTOWN, US 11111-1111

**HELP STOP FRAUD:** Read your Medicare Summary Notice carefully for accuracy of dates, services, and amounts billed to Medicare.

**CUSTOMER SERVICE INFORMATION**  
Your Medicare Number:

If you have questions, write or call:  
Medicare Customer Service  
P.O. Box 090 Anytown, Anystate 11111-1111  
\*\*\*\*If you wish to appeal\*\*\*\*  
Medicare Appeals  
P.O. Box 0606 Anytown, Anystate 11111-1111

Local: (123) 456-7890

This is a summary of claims processed on 05/22/00

**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 09090909090909090909 Service Provider Anywhere, Anystate 11111-1111 Referred by: Dr. Health 03/18/00 - 04/09/00	22 days	\$8.00	\$192.00	\$192.00	a,b

**Notes Section:**

a Days used are being subtracted from your total inpatient benefits for this benefit period.

b \$192.00 was applied to your skilled nursing facility coinsurance.

**General Information:**

You can protect yourself from some pneumococcal infections by getting a pneumococcal vaccination. Medicare Part B will pay for your vaccination. One pneumococcal vaccination may be all you ever need.

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

- **SKILLED NURSING**

After your claim is files 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

## 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.**