

DME What is in your "Medicare Summary Notice"?



Your New MSN for DME – Overview

Your Medicare Part B Durable Medical Equipment (DME) MSN shows all of the DME items and supplies billed to Medicare.

Each Page with Specific Information:

Page 1: Your dashboard, which is a summary of your notice,

Page 2: Helpful tips on how to review your notice,

Page 3: Your claims information,

Last page: Find out how to handle denied claims.

Bigger Print for Easy Reading

Page titles and subsection titles are now much larger. Using a larger print throughout makes the notice easier to read.

Helpful Tips for Reading the Notice

The redesigned MSN explains what you need to know with user-friendly language.

C Medicare Summ	Page 1 of 4	Jennifer Washington	THIS IS NOT
for Part B (Medical I		Making the Most of Your Me	dicare
The Official Summary of Your Medicare	e Claims from the Centers for Medicare & Medicaid Services		
JENNIFER WASHINGTON TEMPORARY ADDRESS NAME STREET ADDRESS CITY, ST 12345-6789	THIS IS NOT A BILL	How to Check This Notice Do you recognize the name of each supplier? Check the dates. Did you make a purchase that day? Did you get the items/services listed? Do they match those listed on your receipts and bills?	Your Messages from Me Get a pneumococcal shot. You mu in a lifetime. Contact your health getting this shot. You pay nothing provider accepts Medicare assign To report a change of address, ca at 1-800-772-1213. TTY users shor
Notice for Jennifer Washington Medicare Number XXXXX1234 Date of This Notice September 13, 2020 Claims Processed June 14 –	Your Claims & Costs This Period Did Medicare Approve All Items and YES Services? See page 2 for how to double-check your notice. Total You May Be Billed \$3.75	If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.	1-800-325-0778. Early detection is your best proto your mammogram today, and ren Medicare helps pay for screening r Want to can your claims right me
Between September 13, 2020 Your Deductible Status	Suppliers with Claims This Period	How to Report Fraud If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE	Original Medicare claims at www usually within 24 hours after Mec claim. You can use the "Blue Butt keep track of your personal healt
Your deductible is what you must pay for most health services before Medicare begins to pay. Part 8 Deductible: You have now met \$85.00 of your \$147.00 deductible for 2020.	May 9, 2020 Lincare Inc.	(1-800-633-4227). Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.	
Be Informed! Welcome to your new Medicare Summary Noticel It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with		You can make a difference! Last year, Medicare saved tax-payers 842 billion – the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.	
summing to your cancel cancers and a summary and the second secon		C How to Get Help with Your Questions 1-800-MEDICARE (1-800-633-4227) Ask for "medical supplies." Your customer-service code is 05335. TTT 1-877-486-2048 (for hearing impaired)	
		Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling, Call 1-555-555-5555.	
	ore on explained (have y holds on an argume on expended Sir "Mandurfu" . 1488 AEDECARE (1886 A33-4227)	Page 2	
age 1	THIS IS NOT A BULL Page 3 of 4	Jennifer Washington	
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Page 1 – Your Dashboard

1 DHHS Logo

The redesigned MSN has the official Department of Health & Human Services (DHHS) logo.

2 Your Information

Check your name and the last 4 numbers of your Medicare number, as well as the date your MSN was printed and the dates of the claims listed.

• Your Deductible Info

You pay a yearly deductible for services before Medicare pays. You can check your deductible information right on page 1 of your notice!

and the service	5-	Part B (Medical Ir	Claims from the Centers for Medicare & Medicaid Ser	vices
TE ST	NNIFER WAS	HINGTON DDRESS NAME SS	THIS IS NOT A BILL	
Notice	e for Jennife	er Washington	Your Claims & Costs This Period	e
Medica	re Number	XXXXX1234	Did Medicare Approve All Items and Services?	YE
	This Notice	September 13, 2020	See page 2 for how to double-check your notice	
Claims I Betwee	Processed n	June 14 – September 13, 2020	Total You May Be Billed	\$5.7
	eductible St	atue	Suppliers with Claims This Period	
our ded		you must pay for most health	May 9, 2020 Lincare Inc.	(
Part B De	eductible: You 147.00 deduc	i have now met \$85.00 tible for 2020.		
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Be Info Welcome It has clea summary improved your ques	to your new M ar language, lar of your claims notice better e stions, report fr	eer print, and a personal and deductibles. This xplains how to get help with aud, or file an appeal. It also mation from Medicare!		

4 Title of your MSN

The title at the top of the page is larger and bold.

G Total You May Be Billed

A new feature on page 1, this summary shows your approved and denied claims, as well as the total you may be billed.

6 Suppliers You Saw

Check the list of dates and the doctors and/or suppliers you saw during this claim period.

O Help in Your Language

For help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Tell them the language you need for free translation services.

Page 2 – Making the Most of Your Medicare

Section Title

This helps you navigate and find where you are in the notice. The section titles are on the top of each page.

2 How to Check

Medicare offers helpful tips on what to check when you review your notice.

B How to Report

Help Medicare save money by reporting fraud!

4 How to Get Help

This section gives you phone numbers for where to get your Medicare questions answered.

Jennifer Washington

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1 Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each supplier? Check the dates. Did you make a purchase that day?

Did you get the items/services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

D How to Report Fraud

If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers \$4.2 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)
 Ask for "medical supplies." Your customer-service code is 05535.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **1-555-555-5555**.

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Your Messages from Medicare

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

Want to see your claims right away? Access your Original Medicare claims at www.Medicare.gov, usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

6 General Messages

These messages get updated regularly, so make sure to check them!

Page 3 – Your Claims for Part B (Medical Insurance)

1 Type of Claim

Claims can either be assigned or unassigned.

2 Definitions

Don't know what some of the words on your MSN mean? Read the definitions to find out more.

• Your Items/Supplies

This is the date you ordered your items or supplies. Keep your bills and compare them to your notice to be sure you got all the services listed.

4 Service Descriptions

User-friendly service descriptions will make it easier for you to know what items or supplies you received.

Jennifer Washington

THIS IS NOT A BILL | Page 3 of 4

1 Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

Definitions of Columns

May 9, 2020

2 Item/Service Approved?: This column tells you if Medicare covered this item or service.

Amount Supplier Charged: This is your supplier's fee for this item or service.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

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

Maximum You May Be Billed: This is the total amount the supplier 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.

B Lincare Inc., (555) 555-1234 PO BOX 996, Blue Springs, MO 64013-0996 6 Ordered by John K Whalen ltem/ Amount Medicare-Amount Maximu You May Be Billed Quantity, Item/Service Provided & Billing Code Service Supplier Approved Medicare Approved? Charged Amount Paid Below \$5.75 1 portable gaseous oxygen system, Yes \$117.61 \$28.77 \$23.02 (4) rental; includes portable container, 6 regulator, flowmeter, humidifie (E0431-RR) Rental Total for Claim #10334829489000 \$117.61 \$23.02 \$5.75 B \$28 77

Approved Column
This column lets you
know if your claim was
approved or denied.

Notes for Claims Above

- A Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

6 Max You May Be Billed

This is the total amount the supplier is able to bill you. It's highlighted and in bold for easy reading.

Notes

Refer to the bottom of the page for explanations of the items and supplies you got.

Last Page – How to Handle Denied Claims

1 Get More Details

Find out your options on what to do about denied claims.

O If You Decide to Appeal

You have 120 days to appeal your claims. The date listed in the box is when your appeal must be received by us.

3 If You Need Help

Helpful tips to guide you through filing an appeal.

Jennifer Washington

How to Handle Denied Claims or File an Appeal

1 Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by: January 21, 2021

If You Need Help Filing Your Appeal

- **Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.
- **Call your supplier:** Ask your supplier for any information that may help you.
- Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

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File an Appeal in Writing

Follow these steps:

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- **3** Fill in all of the following: Your or your representative's full name (print)

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- **5** Write your Medicare number on all documents that you send.
- **6** Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office c/o Contractor Name Street Address City, ST 12345-6789

4 Appeals Form

You must file an appeal in writing. Follow the step-bystep directions when filling out the form.