

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.

Definitions of Columns

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

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

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.

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

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

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.

October 18, 2021

American Med Response Of CO, (303)413-8690

P O Box 847199, Dallas, TX 75284-7199

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ambulance service, basic life support, emergency transport (bls-emergency) (A0429-NHGY)	NO	\$1,203.08	\$0.00	\$0.00	\$1,203.08	A
Ground mileage, per statute mile (A0425-NHGY)	NO	264.44	0.00	0.00	264.44	A
Total for Claim #02-21348-297-520		\$1,467.52	\$0.00	\$0.00	\$1,467.52	B

Medicare Num: 5VR3-RM2-UP92

Notes for Claims Above

A Medicare does not pay for this item or service.

B This information is being sent to your private insurer. They will review it to see if additional benefits can be paid. Send any questions regarding your supplemental benefits to them. Your private insurer is HUMANA, INC..

How to Handle Denied Claims or File an Appeal

Get More Details

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

April 24, 2022

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 provider: Ask your provider 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.

File an Appeal in Writing

Follow these steps:

- 1 Circle the service(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 provider 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 Novitas Solutions
P O Box 3110
Mechanicsburg, PA 17055-1826



Medicare Summary Notice for Part B (Medical Insurance)

607864316

Page 1 of 4

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

000373 SONDRAL LEONHARDT
5670 W 118TH AVE
WESTMINSTER CO 80020-5975

THIS IS A REQUESTED COPY
This Is Not A Bill



Notice for Sondra L Leonhardt

Medicare Number **5VR3RM2UP92**

Date of This Notice **December 20, 2021**

Claims Processed **December 20, 2021**

Your Claims & Costs This Period

Did Medicare Approve All Services? **NO**

Number of Services Medicare Denied **2**

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 **\$1,467.52**

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have met your **\$203.00** deductible for 2021.

Providers with Claims This Period

October 18, 2021

American Med Response Of CO

Be Informed!

Getting a COVID-19 booster shot is important to keep you and those around you safe. It's easy and available at no cost to people with Medicare. Go to [Vaccines.gov](https://www.vaccines.gov) to find and schedule a booster shot near you.



Medicare Num: 5VR2-RM2-UP92

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说 "Mandarin".

1-800-MEDICARE (1-800-633-4227)

000373 0001 0003 000
037523-001-0

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

Did you get the 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.

How to Report Fraud

If you think a provider 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.

Beware of advertisements that read, "This item is approved by Medicare" or "No out-of-pocket expenses."

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "doctors services." Your customer-service code is 04412.

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

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-888-696-7213.

Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit www.MyMedicare.gov for a personalized list.

Your Messages from Medicare

You can now get your Medicare Summary Notices (MSNs) **online!** Receive your electronic MSNs (eMSNs) every month by signing up at <https://www.medicare.gov/forms-help-resources/go-paperless>.

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.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare helps pay for prostate cancer screenings once every 12 months, for men over age 50. Talk to your doctor about getting checked.

If you have diabetes, a family history of glaucoma, are African American and 50 or older, or are Hispanic and 65 and older, you're at high risk. Medicare helps cover glaucoma screenings once every 12 months.

February 03, 2022

To: Whom It May Concern

I am appealing your decision to deny coverage for this ambulance service.

The reason for the ambulance service is because while recovering from a hospital stay at a rehab center I became very anemic. The medical staff at the rehab center determined that it would be unsafe for me to not return to the hospital for a blood transfusion immediately.

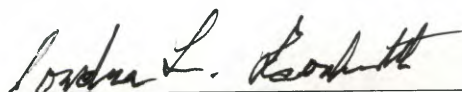
At this time I was wheelchair bound and unable to walk let alone drive a vehicle. I was also unable to get into or out of the wheelchair with two people assisting me. The rehab center did not have staff or a vehicle that could transport me. Given the urgency for the blood transfusion the rehab center arranged transport via the ambulance service.

<https://www.medicare.gov/coverage/ambulance-services>

Medicare Part B (Medical Insurance) covers ground ambulance transportation when you need to be transported to a hospital, critical access hospital, or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health. Medicare may pay for emergency ambulance transportation in an airplane or helicopter to a hospital if you need immediate and rapid ambulance transportation that ground transportation can't provide.

- 1) I was incapable to transport myself.
- 2) The rehab facility did not have personnel or a vehicle to transport me.
- 3) Because I needed assistance getting up and sitting down it would have been unsafe to transport me without the two people needed to assist me.

Respectfully



Sondra L. Leonhardt

Medicare # 5VR3-RM2-UP92

Medicare coverage of ambulance services

Medicare Part B (Medical Insurance) covers ambulance services to or from a hospital, critical access hospital (CAH), or a skilled nursing facility (SNF). Medicare covers and helps pay for ambulance services **only** when other transportation could endanger your health, like if you have a health condition that requires this type of transportation. In some cases, Medicare may also cover ambulance services if you have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant), or you need dialysis and need ambulance transportation to or from a dialysis facility.

Medicare will only cover ambulance services to the nearest appropriate medical facility that's able to give you the care you need. If you choose to be transported to a facility farther away, Medicare will pay what it costs to take you to the closest facility that can give you the care you need. If no local facilities are able to give you the care you need, Medicare will pay for transportation to the nearest facility outside your local area that's able to give you necessary care.

Emergency ambulance transportation

You can get emergency ambulance transportation when you've had a sudden medical emergency and your health is in serious danger because you can't be safely transported by other means, like by car or taxi.

Medicare might cover emergency ambulance transportation when:

- You're in shock, unconscious, or bleeding heavily.
- You need skilled medical treatment during transportation.

Remember, these are only examples. Medicare coverage depends on the seriousness of your medical condition and if you could've been safely transported by other means.

