



Medicare Summary Notice for Part B (Medical Insurance)

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

MIKE ODOM
3680 W MOUNTAIN VIEW
REXBURG ID 83440-3108

THIS IS NOT A BILL

Notice for Mike Odom

Medicare Number	XXX-XX-9068A
Date of This Notice	February 28, 2018
Claims Processed Between	November 30, 2017 – February 28, 2018

Your Deductible Status

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

Part B Deductible: You have now met your **\$183.00** deductible for 2017.

Be Informed!

New Medicare cards are coming! Medicare will mail new Medicare cards with new numbers between April 2018 – April 2019. Medicare won't ask you for personal information or payment to send your new card.

Your Claims & Costs This Period

Did Medicare Approve All Services? YES
See page 2 for how to double-check this notice.

Total You May Be Billed	\$47.82
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Providers with Claims This Period

August 31 – September 19, 2017
Seasons Medical PLLC

¿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)

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.

Only your physician can order medical equipment for you.

How to Get Help with Your Questions

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

Ask for "doctors services." Your customer-service code is 02202.

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

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-800-247-4422.

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 don't need to do anything to get your new Medicare card. Beware of anyone who contacts you about your new Medicare card or asks for your personal information.

Medicare covers many preventive services, such as pap tests and glaucoma tests. Check your Medicare & You handbook or visit Medicare.gov to learn more about covered preventive services.

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.

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.

August 31, 2017

Seasons Medical PLLC, (208)356-9231

37 S 2Nd East, Rexburg, ID 83440-1906

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
.....						
Dr. Lofgran, Steven H., M.D.						
.....						
Established patient office or other outpatient, visit typically 25 minutes (99214)	Yes	\$200.00	\$101.85	\$79.85	\$20.37	A
.....						
Total for Claim #19-18044-105-210		\$200.00	\$101.85	\$79.85	\$20.37	B

Continued →

Notes for Claims Above

- A** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- B** This information is being sent to your private insurer(s). Send any questions regarding your benefits to them. Your private insurer(s) is/are HUMANA, INC..

September 19, 2017**Seasons Medical PLLC, (208)356-9231**

37 S 2Nd East, Rexburg, ID 83440-1906

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
.....						
Dr. Lofgran, Steven H., M.D.						
.....						
Established patient office or other outpatient, visit typically 40 minutes (99215)	Yes	\$265.00	\$137.26	\$107.61	\$27.45	C
.....						
Total for Claim #19-18044-138-640		\$265.00	\$137.26	\$107.61	\$27.45	D

Notes for Claims Above

- C** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- D** This information is being sent to your private insurer(s). Send any questions regarding your benefits to them. Your private insurer(s) is/are 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:

July 3, 2018

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 or your representative's signature

Your telephone number

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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 Noridian Healthcare Solutions, LLC
Attn: Appeals Dept
P. O. Box 6701
Fargo, ND 58108-6701