Making Sense of Your Medicare Statements

You should get regular statements from Medicare or your private plan that list the health care services you received and their costs. **These statements are not bills.** The statements may vary, depending on whether you have Original Medicare, a Medicare Advantage plan, or a Part D plan. Reading these statements is an important part of detecting and stopping Medicare Fraud.

Tips for Understanding Your Medicare Summary Notice (MSN)

If you have Original Medicare, you typically receive an MSN from Medicare every three months. To understand your MSN:

- Read the definitions and descriptions of services carefully.
- Check the notes section. This is where Medicare may further explain its payment decisions or give you other important information.
- If a service you received is not covered, you should appeal. Instructions and deadlines regarding appeals will be on the final page of your MSN, titled "How to Handle Denied Claims or File an Appeal."
- If you are unsure of anything on your MSN, call 800-MEDICARE (800-633-4227).
- To report suspicious claims, contact the Senior Medicare Patrol.

The date you received the service. Keep your bills and compare them to your MSN to check that you received all services listed.

This is the total amount that your provider could bill you. You will receive a separate bill from your provider for any charges you owe. Remember, your MSN is not a bill.

January 21, 2013
Craig I. Secosan, M.D., (555) 555-1234
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	$143.00	$107.97	$86.38	**$21.59**	
Destruction of skin growth (17000)	**NO**	68.56	0.00	0.00	**68.56**	**A**
Total for Claim #02-10195-592-390		$211.56	$107.97	$86.38	**$90.15**	**B**

This column says if your claim was approved or denied.

This project was supported, in part by grant number 90SM0010-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, DC 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Tips for Understanding Your Explanation of Benefits (EOB)

If you have a Medicare Advantage plan or a Part D prescription drug plan, you typically receive an EOB from your plan each month. Although each insurance plan has its own format for an EOB, there is certain information that must be included in each notice. To understand your EOB:

- Read the information and the services listed in the notice carefully.
- Check the notes section, including any footnotes. This is where the plan may explain its payment decisions.
- If a service you received is not covered, you should appeal. Instructions on appealing the plan's decision are either listed at the end of the EOB, or sent to you in a separate notice called "Notice of Denial of Payment."
- If you are unsure of anything on your EOB, call your insurance plan using the phone number on the back of your plan insurance card.
- To report suspicious claims, contact the Senior Medicare Patrol.

This claim was for services received at an out-of-network doctor, which can cause higher out-of-pocket costs or denials.

This column lists the total amount your provider is able to bill you. This also describes the coinsurance for in-network providers for this Medicare Advantage plan.

Susan Washington, M. D.

Claim Number: 12345678 (Out of Network Provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Introductory visit, endocrinologist	11/2/2014	$375.00	$0.00 DENIED (Look below for information about your appeal rights)	$0.00	Maximum potential liability

John Smith, M.D.

Claim Number: 12345678 (In Network Provider)	Date of service	Amount the provider billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Physical therapy services to strengthen leg functioning, 45 minutes	11/1/2014	$250.00	$75.00	$63.75	$11.25 (You pay 15% of the total amount at an in-network provider)

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

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