



Medicare Summary Notice

for Part A (Hospital Insurance) and Part B (Medical Insurance)

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

JACQUELYN A. CALDWELL
503 CHASTINE DR
SPARTANBURG SC 29301-5977

J11A

THIS IS NOT A BILL



249000 002659
0001 of 0011

Notice for Jacquelyn A. Caldwell

Medicare Number **XXX-XX-7497A**

Date of This Notice **May 08, 2015**

Claims Processed **February 07 -**
Between **May 09, 2015**

Your Claims & Costs This Period

Did Medicare Approve All Claims and Services? **NO**

Number of Claims and Services Medicare Denied **21**

See claims starting on page 3. Look for NO in the "Approved?" column. See the last page for how to handle a denied claim.

Total You May Be Billed \$3,426.66

Your Deductible Status

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

Part A Deductible: You have now met your **\$1,260.00** deductible for **inpatient hospital** services for the benefit period that began **January 23, 2015**.

Part B Deductible: You have now met your **\$147.00** deductible for 2015.

Facilities with Claims This Period

January 01 - March 31, 2015

Spartanburg Dialysis LLC

January 22 - March 09, 2015

Spartanburg Medical Center

January 30 - February 25, 2015

Mary Black Health System LLC

Be Informed!

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call 1-800-MEDICARE (1-800-633-4227).

¿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)

Your Inpatient Claims for Part A (Hospital Insurance)

Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

Definitions of Columns

Benefit Days Used: The number of covered benefit days you used during each hospital and/or skilled nursing facility stay. (See page 2 for more information and a summary of your benefit periods.)

Claim Approved?: This column tells you if Medicare covered the inpatient stay.

Non-Covered Charges: This is the amount Medicare didn't pay.

Amount Medicare Paid: This is the amount Medicare paid your inpatient facility.

Maximum You May Be Billed: The amount you may be billed for Part A services can include a deductible, coinsurance based on your benefit days used, and other charges.

For more information about Medicare Part A coverage, see your "Medicare & You" handbook.

249000 002659
0002 of 0011

January 22 - January 23, 2015
Spartanburg Medical Center, (864) 560-6000
 101 East Wood Street, Spartanburg, SC 29303-3040
 Referred by Stephanie R. Walker

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit period starting January 23, 2015	1 day	Yes	\$0.00	\$3,077.35	\$1,260.00	A,B
Total for Claim #21503000363304SCA			\$0.00	\$3,077.35	\$1,260.00	C,D

Continued →

Notes for Claims Above

- A** Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- B** \$1,260.00 was applied to your inpatient deductible.
- C** The amount Medicare paid the provider for this claim is \$3,077.35.
- D** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.

Your Outpatient Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for outpatient care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

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

Definitions of Columns

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

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

Amount Facility Charged: This is your facility's fee for this service.

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

Medicare-Approved Amount: This is the amount a facility can be paid for a Medicare service. It may be less than the actual amount the facility charged. The

249000 002659
0003 OF 0011

January 01 - January 31, 2015
Spartanburg Dialysis LLC, (864) 587-1507
 128 Dillon Drive, Spartanburg, SC 29307-1018
 Referred by Charles Murdock

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Albumin (protein) level (82040)	Yes	\$9.95	\$9.95	\$0.00	\$0.00	H
Bilirubin level (82247)	Yes	9.95	9.95	0.00	0.00	H
Calcium level (82310)	Yes	10.21	10.21	0.00	0.00	H
Calcium level (82310)	Yes	10.21	10.21	0.00	0.00	H
Carbon dioxide (bicarbonate) level (82374)	Yes	9.68	9.68	0.00	0.00	H
Blood chloride level (82435)	Yes	9.11	9.11	0.00	0.00	H
Cholesterol level (82465)	Yes	63.30	63.30	0.00	0.00	H
Blood creatinine level (82565)	Yes	74.60	74.60	0.00	0.00	H

Claim #21507501359607SCA

(continued)

Continued →

Notes for Claims Above

H This service is paid at 100% of the Medicare approved amount.

January 01 - January 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Vaccine for Hepatitis B (4 dose schedule) for injection into muscle, dialysis or immunosuppressed patient (90747)	Yes	550.00	550.00	117.03	0.00	
Administration of hepatitis b vaccine (G0010)	Yes	50.00	50.00	0.00	0.00	
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	M

Claim #21507501359607SCA

(continued)

Continued →

Notes for Claims Above

M The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

249000 002659
0004 OF 0011

January 01 - January 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	O
Total for Claim #21507501359607SCA		\$34,147.56	\$4,057.95	\$2,424.67	\$590.24	P,Q

January 30, 2015

Mary Black Health System LLC, (864) 573-3000

1700 Skylyn Drive, Spartanburg, SC 29307-1041

Referred by Todd D. Gwin

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Pharmacy	Yes	\$1,889.37	\$1,889.37	\$0.00	\$0.00	R
Sterile Supply	Yes	1,130.01	1,130.01	0.00	0.00	R
Posterior chamber intraocular lens (V2632)	Yes	1,671.98	1,671.98	0.00	0.00	R
Ocular implant, aqueous drainage assist device (C1783)	Yes	2,410.86	2,410.86	0.00	0.00	R
Removal of cataract with insertion of lens (66984)	Yes	3,863.49	3,863.49	1,265.39	322.81	
Anesthesia	Yes	776.28	776.28	0.00	0.00	R
Injection, adrenalin, epinephrine, 0.1 mg (J0171)	Yes	28.70	28.70	0.00	0.00	R
Injection, midazolam hydrochloride, per 1 mg (J2250)	Yes	61.70	61.70	0.00	0.00	R
Injection, fentanyl citrate, 0.1 mg (J3010)	Yes	156.17	156.17	0.00	0.00	R

Claim #21503601502607SCA

(continued)

Continued →

Notes for Claims Above

- O** The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- P** The amount Medicare paid the provider for this claim is \$2,424.67.
- Q** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.
- R** Payment is included in another service received on the same day.

249000 002659
0005 OF 0011

February 01 - February 28, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Creatinine level to test for kidney function or muscle injury (82570)	NO	75.20	0.00	0.00	0.00	X,Y,Z
Creatinine level to test for kidney function or muscle injury (82570)	NO	75.20	0.00	0.00	0.00	X,Y,Z
Creatinine level to test for kidney function or muscle injury (82570)	NO	75.20	0.00	0.00	0.00	X,Y,Z
Creatinine level to test for kidney function or muscle injury (82570)	NO	75.20	0.00	0.00	0.00	X,Y,Z
Ferritin (blood protein) level (82728)	NO	26.96	0.00	0.00	0.00	X,Y,Z
Blood glucose (sugar) level (82947)	Yes	7.75	7.75	0.00	0.00	a
Blood glucose (sugar) level (82947)	Yes	7.75	7.75	0.00	0.00	a
Iron level (83540)	NO	12.77	0.00	0.00	0.00	X,Y,Z
Parathormone (parathyroid hormone) level (83970)	NO	403.69	0.00	0.00	0.00	X,Y,Z
Phosphatase (enzyme) level (84075)	Yes	10.21	10.21	0.00	0.00	a
Phosphate level (84100)	Yes	9.37	9.37	0.00	0.00	a
Phosphate level (84100)	Yes	9.37	9.37	0.00	0.00	a
Blood potassium level (84132)	Yes	9.16	9.16	0.00	0.00	a
Total protein level, blood (84155)	Yes	5.44	5.44	0.00	0.00	a
Blood sodium level (84295)	Yes	9.53	9.53	0.00	0.00	a
Liver enzyme (SGOT), level (84450)	Yes	10.21	10.21	0.00	0.00	a
Liver enzyme (SGPT), level (84460)	Yes	10.47	10.47	0.00	0.00	a
Transferrin (iron binding protein) level (84466)	NO	25.23	0.00	0.00	0.00	X,Y,Z
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	a
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	a
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	a
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	a

Claim #21506302112807SCA

(continued)

Continued →

Notes for Claims Above

- X Payment was denied because the maximum benefit allowance has been reached.
- Y You should not be billed for this item or service. You are only responsible for any deductible and coinsurance amounts listed in the "You May Be Billed" column.
- Z Medicare does not pay for this item or service.
- a This service is paid at 100% of the Medicare approved amount.

249000 002659
0006 of 0011

February 01 - February 28, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	d

Claim #21506302112807SCA

(continued)

Continued →

Notes for Claims Above

d The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

249000 002659
0007 OF 0011



February 24, 2015/Mary Black Health System LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope (43239)	Yes	2,555.22	2,555.22	538.32	137.33	i
Total for Claim #21505801292407SCA		\$6,162.50	\$6,162.50	\$538.32	\$137.33	j,k

February 25, 2015

Mary Black Health System LLC, (864) 573-3000
 1700 Skylyn Drive, Spartanburg, SC 29307-1041
 Referred by Bennett H. Bruckner

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ultrasound of abdomen (76705)	Yes	\$1,027.56	\$1,027.56	\$88.10	\$34.29	
Total for Claim #21506901651307SCA		\$1,027.56	\$1,027.56	\$88.10	\$34.29	k,l

March 01 - March 31, 2015

Spartanburg Dialysis LLC, (864) 587-1507
 128 Dillon Drive, Spartanburg, SC 29307-1018
 Referred by Charles Murdock

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Albumin (protein) level (82040)	Yes	\$9.95	\$9.95	\$0.00	\$0.00	m
Claim #21509300760707SCA						(continued)

Continued →

Notes for Claims Above

- i** The following policies L31585 were used when we made this decision.
- j** The amount Medicare paid the provider for this claim is \$538.32.
- k** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.
- l** The amount Medicare paid the provider for this claim is \$88.10.
- m** This service is paid at 100% of the Medicare approved amount.

249000 002659
0008 of 0011

March 01 - March 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Bacterial culture (87070)	NO	17.01	0.00	0.00	0.00	r,s,t
Detection test for Hepatitis B surface antigen (87340)	Yes	38.58	38.58	0.00	0.00	u
Injection, vancomycin hcl, 500 mg (J3370)	Yes	180.00	180.00	0.00	0.00	
Injection, vancomycin hcl, 500 mg (J3370)	Yes	180.00	180.00	0.00	0.00	
Injection, vancomycin hcl, 500 mg (J3370)	Yes	180.00	180.00	0.00	0.00	
Vaccine for Hepatitis B (4 dose schedule) for injection into muscle, dialysis or immunosuppressed patient (90747)	Yes	550.00	550.00	117.03	0.00	
Administration of hepatitis b vaccine (G0010)	Yes	50.00	50.00	0.00	0.00	
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	v

Claim #21509300760707SCA

(continued)

Continued →

Notes for Claims Above

- r Payment was denied because the maximum benefit allowance has been reached.
- s You should not be billed for this item or service. You are only responsible for any deductible and coinsurance amounts listed in the "You May Be Billed" column.
- t Medicare does not pay for this item or service.
- u This service is paid at 100% of the Medicare approved amount.
- v The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.



249000 002659
0009 of 0011

March 01 - March 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	x
Total for Claim #21509300760707SCA		\$26,121.16	\$3,797.46	\$1,845.94	\$442.29	y,z

249000 002659
0010 of 0011

Continued →

Notes for Claims Above

- x** The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- y** The amount Medicare paid the provider for this claim is \$1,845.94.
- z** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.

How to Handle Denied Claims or File an Appeal

Get More Details

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

September 10, 2015

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 facility: Ask your facility 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

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your facility 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 J11 A/B MAC SC/HHH #11001
Palmetto GBA
2300 Springdale Drive
Camden, SC 29020-7004



249000 002659
0011 of 0011



Medicare Summary Notice for Part B (Medical Insurance)

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

0011968 20151011 KJ99E101 CAHMRGGA1 OZ DOM KJ99E10000* 159277 F1



JACQUELYN CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311



THIS IS NOT A BILL

Notice for Jacquelyn Caldwell

Medicare Number	XXX-XX-7497A
Date of This Notice	October 08, 2015
Claims Processed Between	July 13 - October 07, 2015

Your Claims & Costs This Period

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
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	\$1,018.92

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 **\$147.00** deductible for 2015.

Facilities with Claims This Period

July 06 - August 31, 2015
Dva Renal Healthcare Inc

Be Informed!

Medicare Open Enrollment is from October 15 to December 7. You can compare and change your health and drug plan coverage. If you like your current plan, you don't have to do anything. Call 1-800-MEDICARE (1-800-633-4227) for more information.

¿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)

Your Outpatient Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for outpatient care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

Definitions of Columns

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

Amount Facility Charged: This is your facility's fee for this service.

Medicare-Approved Amount: This is the amount a facility can be paid for a Medicare service. It may be less than the actual amount the facility charged. The

facility 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 the facility. This is usually 80% of the Medicare-approved amount.

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

July 06 - July 31, 2015

Dva Renal Healthcare Inc, (520) 624-2220

1780 W Anklam Rd, Tucson, AZ 85745-2632

Referred by Alan I. Cohn

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Pharmacy	NO	\$11.68	\$0.00	\$0.00	\$0.00	A,B
Vitamin D-3 level (82306)	Yes	400.68	400.68	0.00	0.00	C,D

Claim #21521602397107GAA

(continued)

Continued →

Notes for Claims Above

- A** Medicare does not pay for this item or service.
- B** You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "Maximum You May Be Billed" column.
- C** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD. The following policies were used when we made this decision: L30905 L34274
- D** This service is paid at 100% of the Medicare approved amount.

July 06 - July 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	G

Claim #21521602397107GAA

(continued)

Continued →

Notes for Claims Above

- G** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

August 01 - August 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ferritin (blood protein) level (82728)	Yes	184.37	184.37	0.00	0.00	L
Iron level (83540)	Yes	87.70	87.70	0.00	0.00	L
Iron binding capacity (83550)	Yes	118.31	118.31	0.00	0.00	L
Parathormone (parathyroid hormone) level (83970)	Yes	558.68	558.68	0.00	0.00	L
Red blood cell count, automated test (85041)	Yes	40.73	40.73	0.00	0.00	L
Automated white blood cell count (85048)	Yes	34.40	34.40	0.00	0.00	L
Detection test for Hepatitis B surface antigen (87340)	Yes	139.77	139.77	0.00	0.00	L
Injection, cefazolin sodium, 500 mg (J0690)	Yes	877.80	877.80	0.00	0.00	
Injection, cefazolin sodium, 500 mg (J0690)	Yes	62.70	62.70	0.00	0.00	
Injection, ceftazidime, per 500 mg (J0713)	Yes	1,317.40	1,317.40	0.00	0.00	
Injection, ceftazidime, per 500 mg (J0713)	Yes	188.20	188.20	0.00	0.00	
Injection, vancomycin hcl, 500 mg (J3370)	Yes	1,662.00	1,662.00	0.00	0.00	
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	M
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	M
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	M
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	M
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	M

Claim #21524601403807GAA

(continued)

Continued →

Notes for Claims Above

- L** This service is paid at 100% of the Medicare approved amount.
- M** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

August 01 - August 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	O
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	O
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	O
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	O
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	O
Total for Claim #21524601403807GAA		\$64,639.62	\$7,942.32	\$2,029.05	\$518.94	P,Q

Notes for Claims Above

- O** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- P** The amount Medicare paid the provider for this claim is \$2,029.05.
- Q** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.



Medicare Summary Notice for Part B (Medical Insurance)

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

0008790 20160109 LA7M3101CAHMRGGA1 OZ DOM LA7M310000* 159277 F1



JACQUELYN CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311



THIS IS NOT A BILL

Notice for Jacquelyn Caldwell

Medicare Number **XXX-XX-7497A**

Date of This Notice **January 07, 2016**

Claims Processed **October 06, 2015 -**
Between **January 06, 2016**

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 \$579.60

Facilities with Claims This Period

September 01 - September 30, 2015

Dva Renal Healthcare Inc

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 **\$147.00** deductible for 2015.

Be Informed!

Get your Medicare Summary Notices (MSNs) in a new and exciting way - electronic delivery! Access your electronic MSNs (eMSNs) montly at MyMedicare.gov. Go paperless and help Medicare save money! Login to MyMedicare.gov to sign up. Need help? Call 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048.

¿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)

Your Outpatient Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for outpatient care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

Definitions of Columns

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

Amount Facility Charged: This is your facility's fee for this service.

Medicare-Approved Amount: This is the amount a facility can be paid for a Medicare service. It may be less than the actual amount the facility charged. The

facility 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 the facility. This is usually 80% of the Medicare-approved amount.

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

September 01 - September 30, 2015

Dva Renal Healthcare Inc. (520) 624-2220

1780 W Anklam Rd, Tucson, AZ 85745-2632

Referred by Alan I. Cohn

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ferritin (blood protein) level (82728)	Yes	\$184.37	\$184.37	\$0.00	\$0.00	A
Iron level (83540)	Yes	87.70	87.70	0.00	0.00	A
Iron binding capacity (83550)	Yes	118.31	118.31	0.00	0.00	A
Parathormone (parathyroid hormone) level (83970)	Yes	558.68	558.68	0.00	0.00	A
Red blood cell count, automated test (85041)	Yes	40.73	40.73	0.00	0.00	A
Automated white blood cell count (85048)	Yes	34.40	34.40	0.00	0.00	A

Claim #21527500646207GAA

(continued)

Continued →

Notes for Claims Above

A This service is paid at 100% of the Medicare approved amount.

September 01 - September 30, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	C
Total for Claim #21527500646207GAA		\$66,904.19	\$3,922.49	\$2,266.50	\$579.60	D,E

Notes for Claims Above

- C** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- D** The amount Medicare paid the provider for this claim is \$2,266.50.
- E** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.



Medicare Summary Notice for Part B (Medical Insurance)

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

0004076 20160408 LD8WO202CAHMRGGA2 OZ DOM LD8WO20000* 159277 F1



JACQUELYN CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311



THIS IS NOT A BILL

Notice for Jacquelyn Caldwell

Medicare Number **XXX-XX-7497A**

Date of This Notice **April 08, 2016**

Claims Processed **January 11**
Between **April 07, 2016**

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 **\$1,466.09**

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 **\$147.00** deductible for 2015. You have now met your **\$166.00** deductible for 2016.

Facilities with Claims This Period

December 01, 2015 - February 17, 2016
Dva Renal Healthcare Inc

Be Informed!

Get your Medicare Summary Notices (MSNs) online! Receive your electronic MSNs (eMSNs) every month by signing up at <https://www.medicare.gov/forms-help-and-resources/e-delivery.html>.

¿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)

Your Outpatient Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for outpatient care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

Definitions of Columns

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

Amount Facility Charged: This is your facility's fee for this service.

Medicare-Approved Amount: This is the amount a facility can be paid for a Medicare service. It may be less than the actual amount the facility charged. The

facility 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 the facility. This is usually 80% of the Medicare-approved amount.

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

December 01 - December 31, 2015

Dva Renal Healthcare Inc, (520) 624-2220

1780 W Anklam Rd, Tucson, AZ 85745-2632

Referred by Zeeshan Perveze

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ferritin (blood protein) level (82728)	Yes	\$184.37	\$184.37	\$0.00	\$0.00	A
Iron level (83540)	Yes	87.70	87.70	0.00	0.00	A
Iron binding capacity (83550)	Yes	118.31	118.31	0.00	0.00	A
Parathormone (parathyroid hormone) level (83970)	Yes	558.68	558.68	0.00	0.00	A
Red blood cell count, automated test (85041)	Yes	40.73	40.73	0.00	0.00	A
Automated white blood cell count (85048)	Yes	34.40	34.40	0.00	0.00	A

Claim #21600700448807GAA

(continued)

Continued →

Notes for Claims Above

A This service is paid at 100% of the Medicare approved amount.

December 01 - December 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	C

Claim #21600700448807GAA

(continued)

Continued →

Notes for Claims Above

- C The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

January 01 - January 31, 2016/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Cyanocobalamin (vitamin B-12) level (82607)	Yes	204.03	204.03	0.00	0.00	I
Ferritin (blood protein) level (82728)	Yes	184.37	184.37	0.00	0.00	I
Folic acid level (82746)	Yes	199.02	199.02	0.00	0.00	I
Iron level (83540)	Yes	87.70	87.70	0.00	0.00	I
Iron binding capacity (83550)	Yes	118.31	118.31	0.00	0.00	I
Parathormone (parathyroid hormone) level (83970)	Yes	558.68	558.68	0.00	0.00	I
Urea nitrogen level to assess kidney function (84540)	Yes	64.26	64.26	0.00	0.00	I
Urea nitrogen level to assess kidney function (84540)	Yes	64.26	64.26	0.00	0.00	I
Hepatitis B surface antibody measurement (86706)	Yes	145.34	145.34	0.00	0.00	I
Red blood cell count, automated test (85041)	Yes	40.73	40.73	0.00	0.00	I
Automated white blood cell count (85048)	Yes	34.40	34.40	0.00	0.00	I
Detection test for Hepatitis B surface antigen (87340)	Yes	139.77	139.77	0.00	0.00	I
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	J
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	J
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	J
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	J
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	J
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	J

Claim #21603401065007GAA

(continued)

Continued →

Notes for Claims Above

- I This service is paid at 100% of the Medicare approved amount.
- J The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

January 01 - January 31, 2016/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	L
Total for Claim #21603401065007GAA		\$70,942.46	\$5,663.59	\$2,186.74	\$559.55	M,N

Continued →

Notes for Claims Above

- L** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- M** The amount Medicare paid the provider for this claim is \$2,186.74.
- N** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

Jacquelyn Caldwell

THIS IS NOT A BILL | Page 11 of 13

February 01 - February 17, 2016/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	T

Claim #21606302168907GAA

(continued)

Continued →

Notes for Claims Above

- T The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

How to Handle Denied Claims or File an Appeal

Get More Details

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

August 11, 2016

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 facility: Ask your facility 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

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your facility 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 Cahaba GBA
P.O. Box 6168
Indianapolis, IN 46206-6168