



Medicare Summary Notice for Part B (Medical Insurance)

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



ENV 1056 1 OF 6 F

5-DIGIT 85745

1056 1-3360 AV 0.375



JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

THIS IS NOT A BILL

Notice for Joseph G Caldwell

Medicare Number **XXX-XX-5857A**

Date of This Notice **March 8, 2018**

Claims Processed **December 14, 2017 -**
Between **March 8, 2018**

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 \$473.53

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 **\$183.00** of your **\$183.00** Part B deductible for 2018.

Providers with Claims This Period

January 3, 2018

Westside Internal Medicine

January 16 – February 9, 2018

Tucson Phys Grp Holdings LLC

January 24, 2018

Arizona First Assistants

January 24, 2018

Southern AZ Anesthesia Serv

February 8, 2018

Sean J Mccafferty MD, PC

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.

¿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 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 (Medicap policy) or other insurance, it may pay all or part of this amount.

January 03, 2018

Westside Internal Medicine, (520)884-0752
 8087 N Faded Leaf Dr, Tucson, AZ 85743-5037

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Ofori, Stanley, M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214)	Yes	\$122.50	\$101.01	\$0.00	\$101.01	A,B
Total for Claim #19-18015-736-600		\$122.50	\$101.01	\$0.00	\$101.01	C

Continued →

Notes for Claims Above

- A** This approved amount has been applied toward your deductible.
- B** This claim shows a quality reporting program adjustment.
- C** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.



January 24, 2018

Southern AZ Anesthesia Serv, (520)795-7650

PO Box 43640, Tucson, AZ 85733-3640

Referred by Levine, Brian J

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. O'Neill, C., M.D.						
Anesthesia for procedure in lower abdominal cavity including use of an endoscope (00840-AA)	Yes	\$2,320.00	\$329.26	\$258.14	\$65.85	G,H
Total for Claim #19-18033-800-370		\$2,320.00	\$329.26	\$258.14	\$65.85	I

January 24, 2018

Tucson Phys Grp Holdings LLC, (520)622-5912

PO Box 204539, Dallas, TX 75320-4539

Referred by Levine, Brian J

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Moukabary, Talal, M.D.						
Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report (93010)	Yes	\$21.00	\$8.15	\$6.39	\$1.63	G,J
Total for Claim #19-18047-389-580		\$21.00	\$8.15	\$6.39	\$1.63	I

Continued →

Notes for Claims Above

- G** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- H** The approved amount is based on a special payment method.
- I** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.
- J** This claim shows a quality reporting program adjustment.

February 08, 2018/Sean J Mccafferty MD, PC continued...



ENV 1056 4 OF 6 F

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Examination of cornea and iris using lens device and slit lamp (92020)	Yes	75.00	25.84	20.26	5.17	O,P
Total for Claim #19-18043-314-000		\$455.00	\$202.01	\$158.38	\$40.40	Q

February 09, 2018

Tucson Phys Grp Holdings LLC, (520)622-5912
 PO Box 204539, Dallas, TX 75320-4539

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Habibzadeh, Mohammad R., M.D.						
Routine EKG using at least 12 leads including interpretation and report (93000)	Yes	\$43.00	\$16.24	\$12.73	\$3.25	O,P
Total for Claim #19-18045-459-680		\$43.00	\$16.24	\$12.73	\$3.25	Q

Continued →

Notes for Claims Above

- O** This claim shows a quality reporting program adjustment.
- P** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- Q** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.

How to Handle Denied Claims or File an Appeal



ENV 1056 5 OF 6 F

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 11, 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 6704
Fargo, ND 58108-6704



Medicare Summary Notice for Part B (Medical Insurance)

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



ENV 9588 1 OF 4 F

9588 0.9555 AV 0.375 5-DIGIT 85745 38



JOSEPH CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

THIS IS NOT A BILL

Notice for Joseph Caldwell

Medicare Number **XXX-XX-5857A**

Date of This Notice **March 09, 2018**

Claims Processed **December 16, 2017 -**
Between **March 09, 2018**

Your Claims & Costs This Period

Did Medicare Approve All Services? **NO**

Number of Services Medicare Denied **3**

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 **\$949.69**

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 2018.

Providers with Claims This Period

January 24, 2018
Smsj Tucson Holdings LLC

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 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

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

Service Approved?: This column tells you if Medicare covered the outpatient 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 (Medicap policy) or other insurance, it may pay all or part of this amount.

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

January 24, 2018

Smsj Tucson Holdings LLC, (520) 872-3000

1601 West St Marys Rd, Tucson, AZ 85745-2623

Referred by Brian J. Levine

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	\$828.60	\$828.60	\$0.00	\$0.00	A
Pharmacy	Yes	169.60	169.60	0.00	0.00	A
Pharmacy	Yes	111.20	111.20	0.00	0.00	A
Pharmacy	Yes	111.20	111.20	0.00	0.00	A
Pharmacy	Yes	111.20	111.20	0.00	0.00	A
Pharmacy	Yes	108.50	108.50	0.00	0.00	A
Injection, neostigmine methylsulfate, up to 0.5 mg (J2710)	Yes	72.60	72.60	0.00	0.00	A
IV Solutions	Yes	81.40	81.40	0.00	0.00	A

Claim # 21802901458707AZA

(continued)

Continued →

Notes for Claims Above

A Payment is included in another service received on the same day.

201803140125

January 24, 2018/Smsj Tucson Holdings 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
Non-covered item or service (A9270-GY)	NO	6.30	0.00	0.00	6.30	E
Recovery Room	Yes	3,484.80	3,484.80	0.00	0.00	F
Routine electrocardiogram (EKG) with tracing using at least 12 leads (93005-XU)	Yes	583.50	583.50	0.00	0.00	F
Total for Claim # 21802901458707AZA		\$64,978.30	\$64,939.00	\$3,568.75	\$949.69	G,H

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Notes for Claims Above

- E** Medicare does not pay for this item or service.
- F** Payment is included in another service received on the same day.
- G** The amount Medicare paid the provider for this claim is \$4,342.99.
- H** 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



ENV 3314 1 OF 5 F

5-DIGIT 85745

3314 1-1458 AV 0-375

13



JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

THIS IS NOT A BILL

Notice for Joseph G Caldwell

Medicare Number **XXX-XX-5857A**

Date of This Notice **May 31, 2018**

Claims Processed **March 8 -**
Between **May 31, 2018**

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 \$241.77

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 **\$183.00** of your **\$183.00** Part B deductible for 2018.

Providers with Claims This Period

January 3, 2018

Westside Internal Medicine

January 24, 2018

Southern AZ Anesthesia Serv

January 24 - March 14, 2018

Tucson Phys Grp Holdings LLC

Be Informed!

Medicare has started mailing new Medicare cards to everyone with Medicare. You don't need to do anything to get your new card. Medicare will mail your new card to the address you have on file with Social Security. Visit Medicare.gov/newcard to learn more.

¿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 Claims for Part B (Medical Insurance)



Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider 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 service.

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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.

January 03, 2018

Westside Internal Medicine, (520)884-0752
8087 N Faded Leaf Dr, Tucson, AZ 85743-5037

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Ofori, Stanley, M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214)	Yes-adjusted	\$122.50	\$102.04	\$0.79	\$101.22	A,B,C
Total for Claim #48-18103-313-620		\$122.50	\$102.04	\$0.79	\$101.22	D,E

Continued →

Notes for Claims Above

- A** \$101.01 of this approved amount has been applied toward your deductible.
- B** This claim shows a quality reporting program adjustment.
- C** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- D** This is an adjustment to a previously processed claim and/or deductible record.
- E** This notice is being sent to you as the result of a reopening request.



February 09, 2018

Tucson Phys Grp Holdings LLC, (520)622-5912
 PO Box 22224, Belfast, ME 04915-4473

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Moukabary, Talal, M.D.						
Evaluation, testing, and programming adjustment of permanent dual lead pacemaker system with physici (93280-26) professional charge	Yes-adjusted	\$93.00	\$38.76	\$30.39	\$7.75	J
Total for Claim #48-18107-805-410		\$93.00	\$38.76	\$30.39	\$7.75	

March 14, 2018

Tucson Phys Grp Holdings LLC, (520)622-5912
 PO Box 22224, Belfast, ME 04915-4473

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Habibzadeh, Mohammad R., M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214-25)	Yes	\$255.00	\$104.12	\$81.63	\$20.82	J,K
Routine EKG using at least 12 leads including interpretation and report (93000-51)	Yes	53.00	14.33	11.23	2.87	J,K,L
Total for Claim #19-18102-222-150		\$308.00	\$118.45	\$92.86	\$23.69	M

Continued →

Notes for Claims Above

- J** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- K** This claim shows a quality reporting program adjustment.
- L** The approved amount is based on a special payment method.
- M** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.

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:

October 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

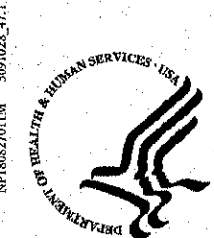
Your telephone number

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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 6704
Fargo, ND 58108-6704



Medicare Summary Notice for Part B (Medical Insurance)

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



15226 1 AV 0.375

AUT05-DIGIT 85745



JOSEPH CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

79

THIS IS NOT A BILL

Notice for Joseph Caldwell

Medicare Number	XXX-XX-5857A
Date of This Notice	August 24, 2018
Claims Processed Between	June 02 - August 24, 2018

Your Claims & Costs This Period

Did Medicare Approve All Services? **NO**

Number of Services Medicare Denied **3**

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.

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 2018.

Total You May Be Billed **\$949.69**

Providers with Claims This Period

January 24, 2018
Smsj Tucson Holdings LLC

Be Informed!

Medicare has started mailing new Medicare cards to everyone with Medicare. You don't need to do anything to get your new card. Medicare will mail your new card to the address you have on file with Social Security. Visit Medicare.gov/newcard to learn more.

¿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

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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 (Medicap policy) or other insurance, it may pay all or part of this amount.

January 24, 2018

Smsj Tucson Holdings LLC, (520) 872-3000

1601 West St Marys Rd, Tucson, AZ 85745-2623

Referred by Brian J. Levine

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 - adjusted	\$828.60	\$828.60	\$0.00	\$0.00	A
Pharmacy	Yes - adjusted	169.60	169.60	0.00	0.00	A
Pharmacy	Yes - adjusted	111.20	111.20	0.00	0.00	A
Pharmacy	Yes - adjusted	111.20	111.20	0.00	0.00	A
Pharmacy	Yes - adjusted	111.20	111.20	0.00	0.00	A

Claim # 21816301703408AZA

(continued)

Continued →

Notes for Claims Above

A Payment is included in another service received on the same day.

January 24, 2018/Smsj Tucson Holdings LLC continued...

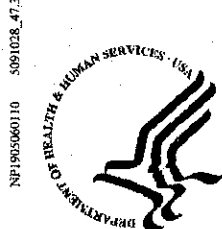
Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Injection, ondansetron hydrochloride, per 1 mg (J2405)	Yes - adjusted	89.00	89.00	0.00	0.00	D
Injection, metoclopramide hcl, up to 10 mg (J2765)	Yes - adjusted	71.50	71.50	0.00	0.00	D
Injection, fentanyl citrate, 0.1 mg (J3010)	Yes - adjusted	101.70	101.70	0.00	0.00	D
Non-covered item or service (A9270-GY)	NO - adjusted	17.70	0.00	0.00	17.70	E
Non-covered item or service (A9270-GY)	NO - adjusted	15.30	0.00	0.00	15.30	E
Non-covered item or service (A9270-GY)	NO - adjusted	6.30	0.00	0.00	6.30	E
Recovery Room	Yes - adjusted	3,484.80	3,484.80	0.00	0.00	D
Routine electrocardiogram (EKG) with tracing using at least 12 leads (93005-XU)	Yes - adjusted	583.50	583.50	0.00	0.00	D
Total for Claim # 21816301703408AZA		\$64,978.30	\$64,939.00	\$3,568.75	\$949.69	F,G,H



3 of 4 F
ENV15226

Notes for Claims Above

- D** Payment is included in another service received on the same day.
- E** Medicare does not pay for this item or service.
- F** The amount Medicare paid the provider for this claim is \$4,342.99.
- G** This is an adjustment to a previously processed claim and/or deductible record.
- H** 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



16779 2 AV 0.380

AUT05-DIGIT 85745



JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

71

THIS IS NOT A BILL

Notice for Joseph G Caldwell

Medicare Number **XXX-XX-5857A**

Date of This Notice **May 2, 2019**

Claims Processed **February 7 -**
Between **May 2, 2019**

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 **\$335.12**

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 **\$185.00** of your **\$185.00** Part B deductible for 2019.

Providers with Claims This Period

February 1 - April 2, 2019
Tucson Physician Group Holdi

February 28, 2019
Specialists IN Dermatology

April 2, 2019
Arizona State Radiology PC

April 2, 2019
Sean J Mccafferty MD, PC

April 2, 2019
Sound Physicians ER Medicine

April 12, 2019
Sonora Quest Laboratories

You saw more providers this period. Go to your complete list of claims, starting on page 3.

Be Informed!

Medicare has started mailing new Medicare cards to everyone with Medicare. You don't need to do anything to get your new card. Medicare will mail your new card to the address you have on file with Social Security. Visit Medicare.gov/newcard to learn more.

¿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 Claims for Part B (Medical Insurance)



Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider 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 service.

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

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 (Medicap policy) or other insurance, it may pay all or part of this amount.

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.

February 01, 2019

Tucson Physician Group Holdi, (520)622-5912
 PO Box 22224, Belfast, ME 04915-4473

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Habibzadeh, Mohammad R., M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214-25)	Yes	\$274.00	\$108.16	\$38.46	\$69.60	A,B,C
Routine EKG using at least 12 leads including interpretation and report (93000)	Yes	53.00	16.88	13.47	3.38	B,C
Total for Claim # 11-19036-113-730		\$327.00	\$125.04	\$51.93	\$72.98	D

Continued →

Notes for Claims Above

- A** \$59.96 of this approved amount has been applied toward your deductible.
- B** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- C** This claim shows a quality reporting program adjustment.
- D** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.

April 02, 2019

Arizona State Radiology PC, (602)864-2130

PO Box 27008, Salt Lake City, UT 84127-0008

Referred by Scott, Carrie E



Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Shah, Rajul D., M.D.						
CT scan head or brain (70450-26) professional charge	Yes	\$130.00	\$42.98	\$34.08	\$8.60	G,H
Total for Claim # 11-19098-318-990		\$130.00	\$42.98	\$34.08	\$8.60	I

April 02, 2019

Sean J Mccafferty MD, PC, (520)327-3487

Ste 100, 6422 E Speedway Blvd, Tucson, AZ 85710-1151

Referred by Ofori, Stanley

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Kim, David D., M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214)	Yes	\$190.00	\$108.16	\$86.40	\$21.63	G,H
Total for Claim # 11-19100-781-020		\$190.00	\$108.16	\$86.40	\$21.63	I

Continued →

Notes for Claims Above

- G** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- H** This claim shows a quality reporting program adjustment.
- I** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP

April 02, 2019

Tucson Physician Group Holdi, (520)622-5912
 PO Box 22224, Belfast, ME 04915-4473



Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Habibzadeh, Mohammad R., M.D.						
Established patient office or other outpatient, visit typically 40 minutes (99215-25)	Yes	\$369.00	\$144.94	\$115.67	\$28.99	M,N
Routine EKG using at least 12 leads including interpretation and report (93000-51)	Yes	53.00	14.80	11.81	2.96	M,N,O
Total for Claim # 11-19093-140-070		\$422.00	\$159.74	\$127.48	\$31.95	P

April 02, 2019

Tucson Physician Group Holdi, (520)622-5912
 PO Box 22224, Belfast, ME 04915-4473

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Habibzadeh, Mohammad R., M.D.						
Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve funct (93306)	Yes	\$676.00	\$205.59	\$164.06	\$41.12	M,N
Total for Claim # 11-19093-140-060		\$676.00	\$205.59	\$164.06	\$41.12	P

Continued →

Notes for Claims Above

- M** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- N** This claim shows a quality reporting program adjustment.
- O** The approved amount is based on a special payment method.
- P** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.

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:

September 4, 2019

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.

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File an Appeal in Writing

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- 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 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 6704

Fargo, ND 58108-6704



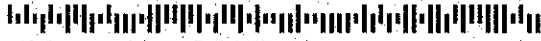
Medicare Summary Notice for Part B (Medical Insurance)

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



12976 1 AV 0.380

AUT05-DIGIT 85745



JOSEPH CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

THIS IS NOT A BILL

Notice for Joseph Caldwell

Medicare Number **XXX-XX-5857A**

Date of This Notice **May 03, 2019**

Claims Processed **February 09 -**
Between **May 04, 2019**

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 \$110.43

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 **\$185.00** deductible for 2019.

Providers with Claims This Period

April 02 - April 11, 2019
Smsj Tucson Holdings LLC

Be Informed!

Medicare has started mailing new Medicare cards to everyone with Medicare. You don't need to do anything to get your new card. Medicare will mail your new card to the address you have on file with Social Security. Visit Medicare.gov/newcard to learn more.

¿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 (Medicap policy) or other insurance, it may pay all or part of this amount.



April 02, 2019

Smsj Tucson Holdings LLC, (520) 872-3000
 1601 W Saint Marys Rd, Tucson, AZ 85745-2623
 Referred by Ruth M. Berner

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
CT scan head or brain (70450)	Yes	\$3,352.84	\$3,352.84	\$90.99	\$23.22	A

Claim # 21909801162207AZA

(continued)

Continued →

Notes for Claims Above

A 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: L35175

How to Handle Denied Claims or File an Appeal



3 of 4 F
ENV/12076

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 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:

September 05, 2019

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

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File an Appeal in Writing

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- 1 Circle the service(s) or claim(s) you disagree with on this notice.
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- 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 Noridian Healthcare Solutions, LLC
P.O. Box 6730 - Attn: Appeals
Fargo ND 58108-6730



Medicare Summary Notice for Part B (Medical Insurance)

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



13554 1 AV 0.380

AUT05-DIGIT 85745



JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

59

THIS IS NOT A BILL

Notice for Joseph G Caldwell

Medicare Number	7H37KP1RF65
Date of This Notice	October 17, 2019
Claims Processed Between	July 25 - October 17, 2019

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	\$95.13
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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 **\$185.00** deductible for 2019.

Providers with Claims This Period

- August 6, 2019
Sean J Mccafferty MD, PC
- August 13, 2019
Westside Internal Medicine G
- September 14, 2019
Rajiv Raja MD PC
- September 14, 2019
Sylvain Sidi MD PC
- October 4, 2019
Tucson Physician Group Holdi

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.

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August 06, 2019

Sean J Mccafferty MD, PC, (520)327-3487
 Ste 100, 6422 E Speedway Blvd, Tucson, AZ 85710-1151
 Referred by Ofori, Stanley

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Rosenlof, Trevor L., M.D.						
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$220.00	\$126.12	\$98.88	\$25.22	A
Total for Claim # 11-19224-310-760		\$220.00	\$126.12	\$98.88	\$25.22	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** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.

September 14, 2019

Sylvain Sidi MD PC, (520)885-7600
 PO Box 43160, Tucson, AZ 85733-3160



3 of 4 F
 EN1713454

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Sidi, Sylvain, M.D.						
Colorectal cancer screening; colonoscopy on individual at high risk (G0105)	Yes	\$780.00	\$190.15	\$186.44	\$0.00	G,H,I
Total for Claim # 11-19280-037-760		\$780.00	\$190.15	\$186.44	\$0.00	

October 04, 2019

Tucson Physician Group Holdi, (520)622-5912
 PO Box 22224, Belfast, ME 04915-4473

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Habibzadeh, Mohammad R., M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214-25)	Yes	\$274.00	\$108.16	\$86.32	\$21.63	G,H
Routine EKG using at least 12 leads including interpretation and report (93000)	Yes	53.00	16.88	13.47	3.38	G,H
Total for Claim # 11-19280-252-060		\$327.00	\$125.04	\$99.79	\$25.01	J

Notes for Claims Above

- G** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- H** This claim shows a quality reporting program adjustment.
- I** This service is paid at 100% of the Medicare approved amount.
- J** We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.



Medicare Summary Notice for Part B (Medical Insurance)

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



13552 1 AV D.380

AUT05-DIGIT 85745



JOSEPH CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

59

THIS IS NOT A BILL

Notice for Joseph Caldwell

Medicare Number **7H37KP1RF65**

Date of This Notice **October 18, 2019**

Claims Processed **July 27 -**
Between **October 18, 2019**

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 \$153.70

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 **\$185.00** deductible for 2019.

Providers with Claims This Period

September 14, 2019
Smsj Tucson Holdings LLC

Be Informed!

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September 14, 2019

Smsj Tucson Holdings LLC, (520) 872-3000

1601 W Saint Marys Rd, Tucson, AZ 85745-2623

Referred by Sylvain Sidi

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	\$184.86	\$184.86	\$0.00	\$0.00	A
Pharmacy	Yes	97.01	97.01	0.00	0.00	A
Red blood cell concentration measurement (85014)	Yes	131.56	131.56	0.00	0.00	A
Anesthesia	Yes	862.41	862.41	0.00	0.00	A
Recovery Room	Yes	1,435.31	1,435.31	0.00	0.00	A

Claim # 21926300832807AZA

(continued)

Continued →

Notes for Claims Above

A Payment is included in another service received on the same day.

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We must receive your appeal by:

February 20, 2020

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Your or your representative's signature

Your telephone number

Your complete Medicare number

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- 5 Write your Medicare number on all documents that you send.
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Medicare Claims Office
c/o Noridian Healthcare Solutions, LLC
P.O. Box 6730 - Attn: Appeals
Fargo ND 58108-6730

