

Claim 60910-216370-1

Claim Processed

04/01/16

TUCSON FIRE DEPT
 PO BOX 27210
 TUCSON, AZ 85726-7210

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 02/18/16 TUCSON F Ambulance transport	1,151.71	427.79		342.23		85.56	A
F 02/18/16 TUCSON F Ambulance mileage	51.22	18.82		15.06		3.76	A
F 02/18/16 TUCSON F Ambulance heart supplies	331.30	0.00		0.00		0.00	B
Totals	\$1,534.23	\$446.61		\$357.29		\$89.32	

\$0.00 Your plan paid to you

\$89.32 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B Your Plan did not pay a benefit for this service because Medicare did not approve the charge. If there is an amount in the Amount Charged column, you may be billed by your provider for this service. If there is no amount or .01 in the Amount Charged column, you may disregard.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60834-206322-1**Claim Processed****03/24/16**

WESTSIDE INTERNAL MED
8087 N FADED LEAF DR
TUCSON, AZ 85743-5037

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 02/11/16 OFORI Doctor's office visit, long	122.50	103.43		82.74		20.69	A
Totals	\$122.50	\$103.43		\$82.74		\$20.69	

\$0.00 Your plan paid to you
\$20.69 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60851-903665-1**Claim Processed****03/31/16**

TUCSON WEST DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 02/01/16-02/17/16 TUCSON W Dialysis with evaluation	42,990.16	42,990.16		42,681.61		308.55	A
Totals	\$42,990.16	\$42,990.16		\$42,681.61		\$308.55	

\$0.00 Your plan paid to you
\$308.55 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60432-029107-1**Claim Processed****02/13/16**

WALGREEN ARIZONA DRUG CO
PO BOX 90482
CHICAGO, IL 60696-0482

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/20/16-04/18/16 WALGREEN Strips for testing blood sugar	149.99	20.82		16.66		4.16	A
Totals	\$149.99	\$20.82		\$16.66		\$4.16	

\$0.00 Your plan paid to you

\$4.16 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60475-206081-1**Claim Processed****02/17/16**

TUCSON PHYS GRP HOLDINGS LLC
2202 N FORBES BLVD
TUCSON, AZ 85745-1412

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/21/16 RAM Doctor's office visit, long	264.00	105.54	34.27	57.02		14.25	A
F 01/21/16 Pt B deductible						34.27	B
Totals	\$264.00	\$105.54	\$34.27	\$57.02		\$48.52	

\$0.00 Your plan paid to you

\$48.52 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

B Your Plan paid the amount that was applied to the Medicare Part B deductible on this claim.

Comments about your claim



Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

Please contact us if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



Toll free: 1.800.523.5880
Español: 1.800.822.0246
TTY: dial 711



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Page 1 of 7

New York residents are served by UnitedHealthcare Insurance Company of New York.

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan F

Please keep this update for your records.

Statement Date: April 4, 2016

Membership Number: 058717744-12

MRS JACQUELYN A CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 60217-206745-1

Claim Processed
01/22/16

TUCSON PHYS GRP HOLDINGS LLC
2202 N FORBES BLVD
TUCSON, AZ 85745-1412

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 01/07/16 RAM Doctor's office visit, long	264.00	105.54	105.54	0.00		0.00	A
F 01/07/16 Pt B deductible						105.54	B
Totals	\$264.00	\$105.54	\$105.54	\$0.00		\$105.54	

\$0.00 Your plan paid to you

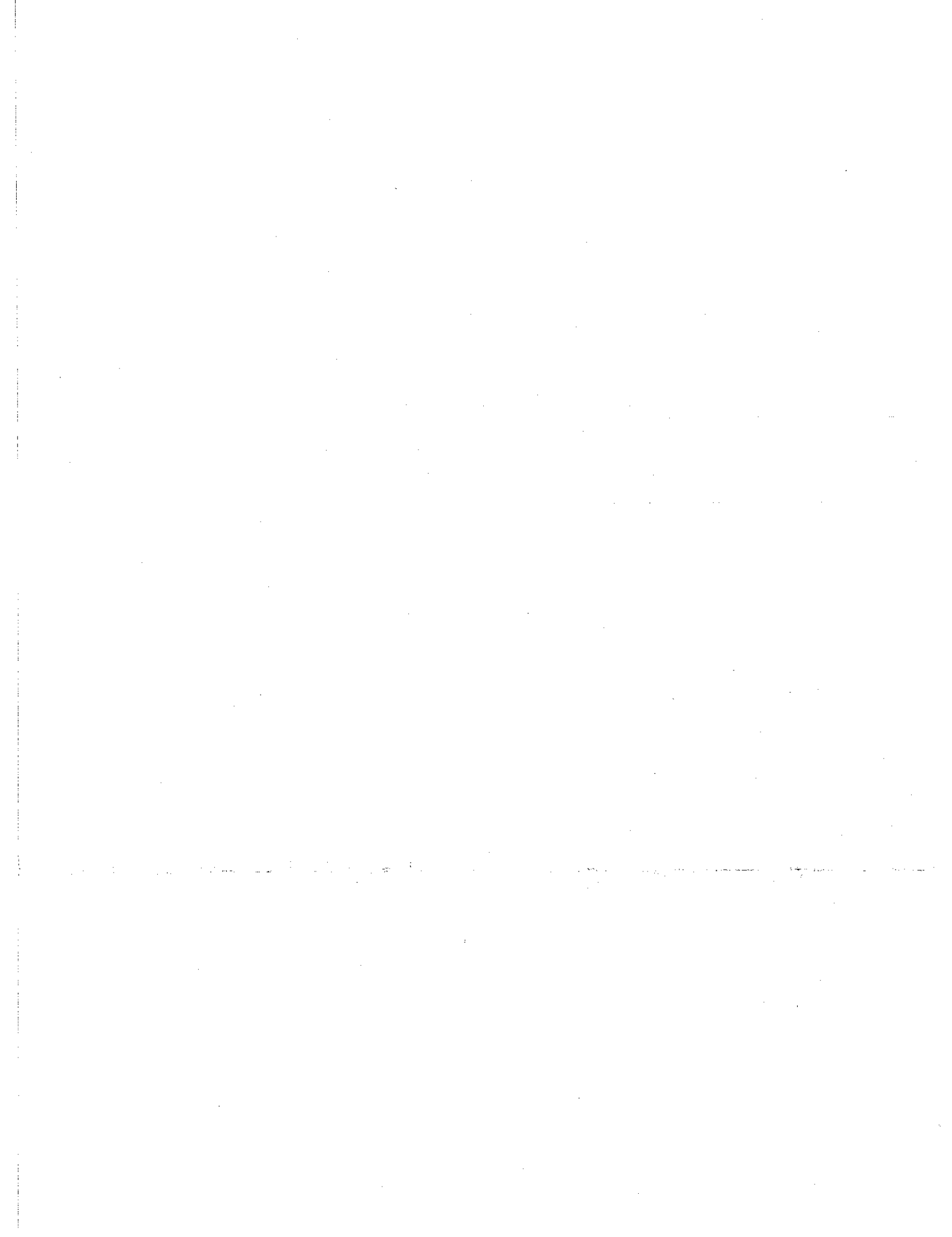
\$105.54 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B** Your Plan paid the amount that was applied to the Medicare Part B deductible on this claim.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.



Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 12/14/15 OFORI Doctor's office visit, long	114.50	106.81		85.45		21.36	A
Totals	\$114.50	\$106.81		\$85.45		\$21.36	

\$0.00 Your plan paid to you
\$21.36 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60081-376342-1

Claim Processed
01/09/16

CARONDELET SPCLST GRP
PO BOX 204542
DALLAS, TX 75320

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 12/15/15 MOUKABAR Doctor's office visit, long	354.00	144.07		115.26		28.81	A
F 12/15/15 MOUKABAR Heart rhythm device checkup	138.00	57.51		46.01		11.50	A
F 12/15/15 MOUKABAR Heart monitor checkup visit	51.00	21.20		16.96		4.24	A
Totals	\$543.00	\$222.78		\$178.23		\$44.55	

\$0.00 Your plan paid to you
\$44.55 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 10/22/15 OFORI Doctor's office visit, long	114.50	106.81		85.45		21.36	A
Totals	\$114.50	\$106.81		\$85.45		\$21.36	

\$0.00 Your plan paid to you
\$21.36 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 53343-376598-1

Claim Processed
12/02/15

CARONDELET SPCLST GRP
PO BOX 204542
DALLAS, TX 75320

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 11/06/15 RAM Doctor's office visit, long	264.00	108.44		86.75		21.69	A
Totals	\$264.00	\$108.44		\$86.75		\$21.69	

\$0.00 Your plan paid to you
\$21.69 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 53558-724572-1

Claim Processed
12/22/15

TUCSON WEST DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946



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Page 1 of 5

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Español: 1.800.822.0246



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This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan F
- Please keep this update for your records.

Statement Date: January 18, 2016

Membership Number: 058717744-12

MRS JACQUELYN A CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 52931-376527-1

Claim Processed
10/22/15

CARONDELET SPCLST GRP
PO BOX 204542
DALLAS, TX 75320

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 09/24/15 RAM Doctor's office visit, long	264.00	108.44		86.75		21.69	A
Totals	\$264.00	\$108.44		\$86.75		\$21.69	

\$0.00 Your plan paid to you
\$21.69 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 52961-376470-1

Claim Processed
10/24/15

CARONDELET SPCLST GRP
PO BOX 204542
DALLAS, TX 75320

Common terms in your Explanation of Benefits

Depending on what kind of plan you have and medical services you received, you may see some or all of these terms in your Explanation of Benefits (EOB) at one time or another. Here is some information about what those terms mean.

Daily Amount

A column heading found in the Medicare Part A and Inpatient Stays section of your EOB.

It is the amount Medicare requires you to pay for each day of your inpatient stay, and is also called the Medicare Part A coinsurance.

Medicare Approved Amount

The amount allowed by Medicare for a health care service. If your provider accepts Medicare assignment, your provider agrees to charge you no more than this amount. If your provider does not accept Medicare assignment, you may be responsible for charges above the Medicare Approved Amount up to the Part B Excess Charge amount.

Medicare Benefit Period

A period of time, determined by Medicare, that starts on the day you enter a hospital for inpatient care and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.

Medicare Part A Deductible

The amount you must pay the first time you are admitted to a hospital in each Medicare benefit period. This amount is found in the Medicare Part A and Inpatient Stays section of your EOB.

Medicare Part B Coinsurance

The amount you are responsible to pay for each covered service you receive under Medicare Part B after your Part B deductible has been met.

Medicare Part B Deductible

The amount you must pay each calendar year toward eligible expenses before Medicare starts paying Part B benefits. The amount applied to the Part B deductible is found in the Medicare Part B Services section of your EOB.

Part B Excess Charge

An amount above the Medicare Approved Amount that your health care provider may legally charge you, if your provider does not accept Medicare assignment. If your plan does not cover the Part B Excess charge, you may be billed for these charges. Some federal and state laws limit the amount your health care provider may charge above the Medicare Approved Amount for certain services.

Plan Cost-Share

Any amount applied to your plan deductible or copay, if applicable to your plan. If you have Medicare Supplement plan K or L, this amount plus the Medicare Part B deductible is applied to your out-of-pocket limit. You may be billed for these amounts by your health care provider in addition to any other balance due. This term is found in the Medicare Part B Services section of your EOB.

Medicare Supplement Plan N Copayment

A fixed amount (for example: \$20) you pay for covered health care, usually when you receive the service. If you have Plan N, this amount is found in the Medicare Part B Services section of your EOB.

Your Plan Deductible

The amount you are required to pay toward certain health care expenses covered by your plan before your plan pays benefits. This amount is found in the Medical Services and Prescription Drugs sections of your EOB.

These plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer. Coverage insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York).

SPARTANBURG DIALYSIS LLC
PO BOX 843357
BOSTON, MA 02284-3357

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 03/01/15 SPARTANB Dialysis with evaluation	26,121.16	3,797.46		3,355.17		442.29	A
Totals	\$26,121.16	\$3,797.46		\$3,355.17		\$442.29	

\$0.00 Your plan paid to you
\$442.29 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51873-603180-1

Claim Processed
07/10/15

SPARTANBURG DIALYSIS LLC
PO BOX 843357
BOSTON, MA 02284-3357

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/01/15-04/30/15 SPARTANB Dialysis with evaluation	32,204.02	3,115.47		2,545.17		570.30	A
Totals	\$32,204.02	\$3,115.47		\$2,545.17		\$570.30	

\$0.00 Your plan paid to you
\$570.30 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51873-603181-1

Claim Processed
07/10/15

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 05/06/15 BRUCKNER Doctor's office visit	172.00	69.15		55.32		13.83	A
Totals	\$172.00	\$69.15		\$55.32		\$13.83	

\$0.00 Your plan paid to you
\$13.83 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 5 1492-495446-1

Claim Processed
06/01/15

SPARTANBURG REGIONAL MED CEN
PO BOX 743070
ATLANTA, GA 30374-3070

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 05/08/15 EVANS Doctor's office visit, long	224.00	102.82		82.26		20.56	A
F 05/08/15 EVANS Blood draw from vein or artery	16.00	3.00		3.00		0.00	B A
F 05/08/15 EVANS Blood sugar (glucose) test	62.00	13.21		13.21		0.00	B A
Totals	\$302.00	\$119.03		\$98.47		\$20.56	

\$0.00 Your plan paid to you
\$20.56 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B** Your Plan did not pay a benefit because Medicare paid the full Medicare Approved Amount.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/22/15 RODAK Remote heart monitor review	28.28	25.88		20.70		5.18	A
Totals	\$28.28	\$25.88		\$20.70		\$5.18	

\$0.00 Your plan paid to you
\$5.18 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51410-419145-1

Claim Processed
05/22/15

PUBLIX SUPER MARKETS
PO BOX 116181
ATLANTA, GA 30368-6181

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/30/15-06/18/15 PUBLIX S Strips for testing blood sugar	77.90	10.41		8.33		2.08	A
Totals	\$77.90	\$10.41		\$8.33		\$2.08	

\$0.00 Your plan paid to you
\$2.08 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51411-495616-1

Claim Processed
05/22/15

FOOTHILLS NEPH
126 DILLON DR
SPARTANBURG, SC 29307-1018



Medicare Supplement Plans
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Page 1 of 8

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Toll free: 1.800.523.5880
Español: 1.800.822.0246



www.myAARPMedicare.com

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

• AARP Medicare Supplement Plan F

Please keep this update for your records.

Statement Date: July 14, 2015

Membership Number: 058717744-12

MRS JACQUELYN A CALDWELL

1432 N CAMINO MATEO

TUCSON, AZ 85745-3311

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 51180-603361-1

Claim Processed
05/02/15

SPARTANBURG DIALYSIS LLC
PO BOX 843357
BOSTON, MA 02284-3357

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 02/01/15-02/28/15 SPARTANB Dialysis with evaluation	34,755.63	7,371.06		6,838.78		532.28	A
Totals	\$34,755.63	\$7,371.06		\$6,838.78		\$532.28	

\$0.00 Your plan paid to you
\$532.28 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51200-419766-1

Claim Processed
05/01/15

PUBLIX SUPER MARKETS
PO BOX 116181
ATLANTA, GA 30368-6181