



Medicare Summary Notice for Part B (Medical Insurance)

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

JC

THIS IS NOT A BILL



Notice for [REDACTED]

Medicare Number [REDACTED]

Date of This Notice **February 8, 2019**

Claims Processed **November 10, 2018 -**
Between **February 8, 2019**

Your Claims & Costs This Period

Did Medicare Approve All Items and Services? **YES**

See page 2 for how to double-check this notice.

Total You May Be Billed \$993.69

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.

Suppliers with Claims This Period

December 21, 2018

Layne Medical Supply Inc

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)

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each supplier? Check the dates. Did you make a purchase that day?

Did you get the items/services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You're getting a New Medicare Card. Once you get your new Medicare card, start using it right away, and destroy your old card. Your new card will have a new number that's unique to you.

How to Get Help with Your Questions

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

Ask for "medical supplies." Your customer-service code is 18003.

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

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-800-963-5337.

Your Messages from Medicare

If you haven't gotten your flu vaccine, it isn't too late. Please contact your health care provider about getting the vaccine.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

You can now 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>.

Medicare eBooks give you fast and free information at your fingertips! They can be viewed on all types of eReaders, such as the iPad or Kindle, and we add new eBooks all the time. Find them at <https://www.medicare.gov/pubs/ebook/ebooks.html>.

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

Definitions of Columns

Item/Service Approved?: This column tells you if Medicare covered the item or service.

Amount Supplier Charged: This is your supplier's fee for this item or service.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

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

Maximum You May Be Billed: This is the total amount the supplier 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 21, 2018

Layne Medical Supply Inc, (813)702-6376

39047 County Road 54, Zephyrhills, FL 33542-6410

Ordered by Jon K Kaspari

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
2 Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may inclu (L3916-RTLTKX) Right side	Yes	\$1,118.54	\$944.18	\$740.23	\$188.84	
Total for Claim #18360721333000		\$1,118.54	\$944.18	\$740.23	\$188.84	A,B

Continued →

Notes for Claims Above

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

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December 21, 2018**Layne Medical Supply Inc, (813)702-6376**

39047 County Road 54, Zephyrhills, FL 33542-6410

Ordered by Jon K Kaspari

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (uni (L1851-RTKX) Right side	Yes	\$1,037.28	\$875.56	\$686.44	\$175.11	
1 Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (uni (L1851-LTKX) Left side	Yes	1,037.28	875.56	686.44	175.11	
2 Addition to lower extremity orthosis, suspension sleeve (L2397-RTLTKX) Right side	Yes	271.98	212.72	166.78	42.54	
Total for Claim #18360721334000		\$2,346.54	\$1,963.84	\$1,539.66	\$392.76	C,D

December 21, 2018**Layne Medical Supply Inc, (813)702-6376**

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Ordered by Jon K Kaspari

Quantity, Item/Service Provided & Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), (L0650)	Yes	\$1,356.89	\$1,328.44	\$898.02	\$412.09	
Total for Claim #18360721332000		\$1,356.89	\$1,328.44	\$898.02	\$412.09	C,D

Notes for Claims Above

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

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How to Handle Denied Claims or File an Appeal

Get More Details

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

June 13, 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 supplier: Ask your supplier 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 item(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 supplier 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 CGS Administrators, LLC
Attn: Redetermination Dept
P. O. Box 20009
Nashville, TN 37202-0009