

Automatic Claims Filing Instructions...

This sheet tells you how Automatic Claims Filing works to eliminate the vast majority of your claims filing with the Company. It also explains what you do in those instances when your claims are not received automatically by us.

SECTION 1: Claims You Need NOT File With The Company

DOCTORS' CHARGES AND OTHER MEDICAL EXPENSES NOT PROVIDED BY A HOSPITAL... are the most commonly incurred health care claims and **come to us automatically after your doctor/provider has filed with Medicare.** These are claims you do not need to file with the Company.

Beneficiary Name _____ THIS IS NOT A BILL | Page 3 of 4

Your Unassigned Claims for Part B (Medical Insurance)


Medicare claims may be assigned or unassigned. Your claims below are **unassigned**—meaning the provider hasn't agreed to accept the Medicare-approved amount as payment in full.

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. Since your provider hasn't agreed to accept assignment, you might be charged up to 15% more than this amount. Medicare usually pays 80% of the Medicare-approved amount.

Do Unassigned Claims Cost More? Maybe. A provider who doesn't accept assignment may charge you up to 15% over the Medicare-approved amount.

THIS IS NOT A BILL | Page 1 of 4



Medicare Summary Notice for Part B (Medical Insurance)

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

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CHECK ENCLOSED
This Is Not A Bill

Notice for Beneficiary Name	
Medicare Number	111-11-1111A
Date of This Notice	February 18, 2021
Claims Processed	February 18, 2021

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	\$0.00

Providers with Claims This Period

November 2, 2020
Placeholdr Pin

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 **\$198.00** deductible for 2020.

Be Informed!

Feeling lonely or isolated? Technology may be able to help! During this time of social distancing, you can still stay in touch with friends and family. Besides calling, you can text, email, or video chat. Don't know how? Just ask a friend or family member for help!

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español. 如果需要用语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”. 1-800-MEDICARE (1-800-633-4227)

Question:

How can I be sure you have received my claims from Medicare for doctors' charges and other medical expenses not provided by a hospital?

Answer:

Medicare will send you the **Medicare Summary Notice (MSN)** form shown here. The MSN shows all the services or supplies that providers and suppliers billed to Medicare during each 3-month period, what Medicare paid, and what you may owe the provider. **The MSN is not a bill.**

Look for a statement on the MSN form similar to the following...

“a. This information is being sent to your private insurer...”

...this means Medicare has already sent your claim to us — in other words, you do nothing. If this statement does not appear, send us a copy of all pages of the MSN form.

For a quicker review, you may visit www.MyMedicare.gov to track your Medicare claims online.

SECTION 2: Hospital & Skilled Nursing Claims You Need To File

HOSPITAL CHARGES – BOTH OUTPATIENT AND INPATIENT – AND SKILLED NURSING FACILITY CHARGES... are less frequently incurred expenses which you or the facility must file with the Company for consideration of benefits due under your policy. In most cases for inpatient, and often for outpatient services, hospitals will file the claim with both Medicare and the Company on the policyholder's behalf. Here is what to do if you need to file your claim:

1. Outpatient Hospital Charges:

[Charges for services you receive from the hospital even though you are not confined overnight.] Ask the hospital to send us a copy of the **REMITTANCE ADVICE** the hospital receives from Medicare.

2. Inpatient Hospital Charges:

[Charges associated with overnight confinement in a hospital.] Ask the hospital to send us a copy of the same form the hospital sends to Medicare – the **UB-04 (CMS 1450)**. This is the fastest and simplest way to receive benefits... Or...

Another way to file your inpatient hospital claim is to wait until you receive the Medicare Summary Notice shown here and send us a copy of the section entitled **PART A HOSPITAL INSURANCE - INPATIENT CLAIMS UB-04**.

Note: You may also visit www.MyMedicare.gov to track your Medicare claims online and mail us a copy once Medicare pays the claim.

3. Skilled Nursing Facility Charges:

Medicare will send you the **Medicare Summary Notice** shown here; send us a copy.

Question:

What if I am confined in a skilled nursing facility for which Medicare pays no benefits?



Medicare Summary Notice

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

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

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

THIS IS NOT A BILL

Notice for Beneficiary Name

Medicare Number	111-11-1111A
Date of This Notice	December 16, 2021
Claims Processed Between	October 15 – December 15, 2021

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 **\$1,068.00** deductible for **inpatient hospital** services for the benefit period that began June 18, 2020.

Part B Deductible: You have met your **\$162.00** deductible for 2021.

Be Informed!

Register at www.MyMedicare.gov for direct access to your Original Medicare claims, track your preventive services and print an "On the Go" report to share with your provider. Visit the Web site to sign up and access your personal Medicare information.

Your Claims & Costs This Period

Did Medicare Approve All Claims and Services? YES

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

Total You May Be Billed \$119,607.64

Facilities and Providers with Claims This Period

July 29 – September 3, 2021

Otero Hospital

September 20 – October 10, 2021

Heartland Home Health Care

October 20 – November 23, 2021

The New York and Presbyterian Hospital

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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)

Answer:

In these cases, we do not always provide benefits either. If you are uncertain whether benefits would be available under your coverage, you should send us copies of your bills from the nursing facility so that we can determine if benefits are due.