

## How to Read Your MSN - Part B

Below is a sample Medicare Summary Notice (MSN) for Part B services and information on how to read it. The MSN is **not** a bill. **Do not** send money to Medicare or to the provider until you get a bill.

### Related Links

[1-800 Billing Questions Fact Sheet](#)

[Your Medicare Rights and Protections](#)

**1** June 16, 2006

**2** CUSTOMER SERVICE INFORMATION

**3** Your Medicare Number: 111-11-1111-A

If you have questions, write or call:  
 Medicare (#12345)  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX

**4** Name  
 Street Address  
 City, State ZIP Code

**5** BE INFORMED: Protect your Medicare Number as you would a credit card number.

**6** PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
<b>7</b> <b>8</b>	Claim number 12345-84956-84556 Doctor name, Street Address, City, State ZIP Code	<b>10</b> \$55.00	<b>11</b> \$44.35	<b>12</b> \$0.00	<b>13</b> \$44.35	<b>14</b> a b
<b>9</b>	04/07/06 1 Office/Outpatient Visit, ES (99214)					

**15** THIS IS NOT A BILL - Keep this notice for your records.

- Date:** Date MSN was sent.
- Customer Service Information:** Who to contact with questions about the MSN. Provide your Medicare number (3), the date of the MSN (1), and the date of the service you have a question about (7).
- Medicare Number:** The number on your Medicare card.
- Name and Address:** If incorrect, contact the company listed in (2), and the Social Security Administration immediately.
- Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
- Part B Medical Insurance - Assigned Claims:** Type of service. See the back of MSN for information about assignment. (**Please Note:** For unassigned services, this section is called "**Part B Medical Insurance - Unassigned Claims.**")
- Claim Number:** Number that identifies this specific claim.
- Provider's Name and Address:** Doctor (may show clinic, group, and/or referring doctor) or provider's name and billing address. The referring doctor's name may also be shown if the service was ordered or referred by another doctor. The address shown is the billing address, which may be different from where you received the services.

**16 Notes Section:**

a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.

b This approved amount has been applied toward your deductible.

**17 Deductible Information:**

You have now met \$44.35 of your \$100 Part B deductible for 2006.

**18 General Information:**

Please notify us if your address has changed or is incorrect as shown on this notice.

**19 Appeals Information - Part B**

**If you disagree with any claims decisions on this notice, your appeal must be received by November 1, 2006.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

9. **Dates of Service:** Date service or supply was received. You may use these dates to compare with the dates shown on the bill you receive from your doctor.
10. **Amount Charged:** Amount the provider billed Medicare.
11. **Medicare Approved:** Amount Medicare approves for this service or supply.
12. **Medicare Paid Provider:** Amount Medicare paid to the provider. (**Please Note:** For unassigned services, this column is called "Medicare Paid You.")
13. **You May Be Billed:** The total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
14. **See Notes Section:** If letter appears, refer to (16) for explanation.
15. **This is not a bill:** This is not a bill.
16. **Notes Section:** Explains letters in (14) for more detailed information about your claim.
17. **Deductible Information:** How much of your yearly deductible you have met.
18. **General Information:** Important Medicare news and information.
19. **Appeals Information:** How and when to request an appeal.

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