

# 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.

Your Medicare Number: 111-11-1111A

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July 1, 2006

### Notes Section:

- a This information is being sent to your private insurer. They will review it to see if additional benefits can be paid. Send any questions regarding your supplemental benefits to them.
- b This service is paid at 100% of the Medicare approved amount.
- c Your doctor did not accept assignment for this service. Under Federal law, your doctor cannot charge more than \$39.02. If you have already paid more than this amount, you are entitled to a refund from the provider.

### 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](http://www.MyMedicare.gov) to track your Medicare claims online.

**CMS Medicare Summary Notice** Page 1 of 2  
July 1, 2006

BENEFICIARY NAME  
STREET ADDRESS  
CITY, STATE ZIP CODE

**CUSTOMER SERVICE INFORMATION**

Your Medicare Number: 111-11-1111A

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

Call: 1-800-MEDICARE (1-800-633-4227)  
Ask for Doctor Services  
TTY for Hearing Impaired: 1-877-486-2048

**BE INFORMED:** Beware of telemarketers offering free or discounted Medicare items or services.

This is a summary of claims processed from 05/10/2006 through 08/10/2006.

### 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim Number: 12435-84956-84556<br>Paul Jones, M.D., 123 West Street,<br>Jacksonville, FL 33231-0024<br>Referred by: Scott Wilson, M.D. |                                  |                 |                   |                        |                   |                   |
| 04/19/06                                                                                                                                | 1 Influenza immunization (90724) | \$5.00          | \$3.88            | \$3.88                 | \$0.00            | b                 |
| 04/19/06                                                                                                                                | 1 Admin. flu vac (G0008)         | 5.00            | 3.43              | 3.43                   | 0.00              | b                 |
|                                                                                                                                         | <b>Claim Total</b>               | <b>\$10.00</b>  | <b>\$7.31</b>     | <b>\$7.31</b>          | <b>\$0.00</b>     |                   |
| Claim Number: 12435-84956-84557<br>ABC Ambulance, P.O. Box 2149,<br>Jacksonville, FL 33231                                              |                                  |                 |                   |                        |                   |                   |
| 04/25/06                                                                                                                                | 1 Ambulance, base rate (A0020)   | \$289.00        | \$249.78          | \$199.82               | \$49.96           |                   |
| 04/25/06                                                                                                                                | 1 Ambulance, per mile (A0021)    | 21.00           | 16.96             | 13.57                  | 3.39              |                   |
|                                                                                                                                         | <b>Claim Total</b>               | <b>\$310.00</b> | <b>\$266.74</b>   | <b>\$213.39</b>        | <b>\$53.35</b>    |                   |

### PART B MEDICAL INSURANCE – UNASSIGNED CLAIMS

| Dates of Service                                                                                         | Services Provided                     | Amount Charged | Medicare Approved | Medicare Paid You | You May Be Billed | See Notes Section |
|----------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|-------------------|-------------------|-------------------|-------------------|
| Claim Number: 12435-84956-84558<br>William Newman, M.D., 362 North Street<br>Jacksonville, FL 33231-0024 |                                       |                |                   |                   |                   |                   |
| 03/10/06                                                                                                 | 1 Office/Outpatient Visit, ES (99213) | \$47.00        | \$33.93           | \$27.15           | \$39.02           | c                 |

THIS IS NOT A BILL – Keep this notice for your records.

## 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 ADVISE 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**.

Note: You may also visit [www.MyMedicare.gov](http://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?

#### 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.

**Medicare Summary Notice**

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July 1, 2006

BENEFICIARY NAME  
STREET ADDRESS  
CITY, STATE ZIP CODE

**CUSTOMER SERVICE INFORMATION**  
  
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Medicare Building  
Medicare, US XXXXX-XXXX  
  
Call: 1-800-MEDICARE (1-800-633-4227)  
Ask for Hospital Services  
TTY for Hearing Impaired: 1-877-486-2048

BE INFORMED: Beware of "free" medical services or products. If it sounds too good to be true, it probably is.

This is a summary of claims processed from 05/15/2006 through 08/10/2006.

**PART A HOSPITAL INSURANCE – INPATIENT CLAIMS**

| Dates of Service                                                                                                                                             | Benefit Days Used | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|----------------------------|-------------------|-------------------|
| Claim Number: 12435-84956-84556-45621<br>Cure Hospital, 213 Sick Lane,<br>Dallas, TX 75555<br>Referred by: Paul Jones, M.D.<br>04/25/06 – 05/09/06           |                   |                     |                            |                   | a                 |
|                                                                                                                                                              | 14 days           | \$0.00              | \$876.00                   | \$876.00          | b, c              |
| Claim Number: 12435-84956-84556-45622<br>Continued Care Hospital, 124 Sick Lane,<br>Dallas, TX 75555<br>Referred by: Paul Jones, M.D.<br>05/09/06 – 06/20/06 |                   |                     |                            |                   |                   |
|                                                                                                                                                              | 11 days           | \$0.00              | \$0.00                     | \$0.00            |                   |

**PART B MEDICAL INSURANCE – OUTPATIENT FACILITY CLAIMS**

| Dates of Service                                                                                                            | Services Provided        | Amount Charged | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|---------------------|----------------------------|-------------------|-------------------|
| Claim Number: 12435-8956-8458<br>Medicare Hospital, 123 Medicare Lane,<br>Dallas, TX 75209<br>Referred by: Paul Jones, M.D. |                          |                |                     |                            |                   |                   |
| 04/02/06                                                                                                                    | L.V. Therapy (Q0081)     | \$33.00        | \$0.00              | \$6.60                     | \$6.60            | d                 |
|                                                                                                                             | Lab (3810)               | 1,140.50       | 0.00                | 228.10                     | 228.10            |                   |
|                                                                                                                             | Operating Room (31628)   | 786.50         | 0.00                | 157.30                     | 157.30            |                   |
|                                                                                                                             | Observation Room (99201) | 293.00         | 0.00                | 58.60                      | 58.60             |                   |
|                                                                                                                             | Claim Total              | \$2,253.00     | \$0.00              | \$450.60                   | \$450.60          | (continued)       |

THIS IS NOT A BILL – Keep this notice for your records.