MEDICARE SUMMARY NOTICES

UNDERSTANDING MEDICARE DOCUMENTS

WHAT IS AN MSN?

• A summary of health care services and items received during the past 3 months.
• Sent to people with Original Medicare
• It is NOT a bill!
• Lists any services that are denied or not covered by Medicare.

REVIEWING YOUR MSN

• Read the definitions and descriptions of services carefully.
• Check the notes section for payment decisions or to give you other important information.
• If a service you received is not covered, you can appeal. Instructions can be found on the final page of your MSN.
• Save your MSNs so you have a record of payment made by Medicare in case you need it in the future.
• If you lose your MSN or need a duplicate copy, call 1-800-MEDICARE or visit www.mymedicare.gov. For questions, please call MAP at 800-307-4444.

MSNs - 3 Things to Look For:

Provider Location—Were you billed from a provider in a different city or state?

Date of Service—Were you billed for a service on a day you weren’t seen?

Duplicate Billing—Were you billed for a product or service more than once?

Medicare Resources Online

1) If you don’t have an account, visit MyMedicare.gov, and select “Create an Account.”
2) Sign up to get other Medicare resources electronically, like Medicare Summary Notices and your “Medicare & You” handbook.
3) Check your eligibility, enrollment, and other Medicare benefits.
4) View a calendar of your current and upcoming preventive services.

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WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

- Beneficiaries enrolled in Medicare Advantage (Part C) plans or Medicare Prescription Drug Plans (Part D) receive EOBS.

- A summary of services and items received, how much the provider billed, the approved amount your plan will pay, and how much you may owe.

- It is NOT a bill, and it is not the same as a Medicare Summary Notice.

- Usually mailed once per month or may be accessed online.

REVIEWING YOUR EOB

- Read the information and the services listed in the notice carefully.

- If a service you received is not covered, you can appeal. Instructions are listed at the end of the EOB.

- If an item or service is not covered, look for a section with notes, comments or footnotes to find out why.

When reviewing EOBS:

- Compare your doctor’s bill and your EOB to make sure the dates, providers, types of service & billing codes match.

- Make sure that you are not charged for services you didn’t receive, or billed multiple times for a service you received once.

- If the insurance company rejected a claim, look for a note or “reason code” explaining why.

- If something doesn’t seem right — contact your insurer at the customer service number listed on your EOB.

- Keep a file of your EOBS. They are important documentation if you need to dispute a charge, contest an insurance decision, or seek financial help from a hospital, charity, or state or local agency.

- When you do dispose of paper EOBS, shred them to help prevent identity theft.

- If you suspect billing fraud, contact MAP at 800-307-4444 or email: NevadaMAP@adsd.nv.gov

- All calls are confidential and no charge.

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