

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan® (PDP)**



August 21, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031696104181//6056//3896//  
Cyc4572//0003875//0269



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

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## Your Monthly Prescription Drug Summary

For July, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1.

Your prescriptions for covered Part D drugs  
July 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>AVELOX 400 MG TABLET</b> 7/15/2011, WALGREENS #3328 Rx# 000001564926, 5 day supply	\$0.00	\$21.00	\$42.78 (paid by "Medicare Coverage Gap Discount Program") \$22.77 (paid by "Commercial Wrap")
<b>MEGESTROL ACET 40 MG/ML SUSP</b> 7/15/2011, WALGREENS #3328 Rx# 000001564925, 30 day supply	\$60.05	\$5.00	\$0.00
<b>Totals for the month of July 2011</b> <b>Your "out-of-pocket costs" amount is \$68.78.</b> (This is the amount you paid this month (\$26.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$42.78). See definitions in Section 3.) <b>Your "total drug costs" amount is \$151.60.</b> (This is the total for this month of all payments made for your drugs by the plan (\$60.05) and you (\$26.00) plus "other payments" (\$65.55).)	\$60.05 (total for the month)	\$26.00 (total for the month)  (Of this amount, \$26.00 counts toward your out-of-pocket costs.)	\$65.55 (total for the month)  (Of this amount, \$42.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)



Year-to-date totals 1/1/2011 through 7/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$817.48.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$3,551.05.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,585.99 (year-to-date total)</p>	<p>\$624.88 (year-to-date total)</p> <p>(Of this amount, \$624.88 counts toward your "out-of-pocket costs".)</p>	<p>\$340.18 (year-to-date total)</p> <p>(Of this amount, \$192.60 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>

## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

### STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.

### You are in this stage:

#### STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 07/31/2011 your year-to-date "out-of-pocket costs" was \$817.48 (see Section 3).

### What happens next?

- Once you (or others on your behalf) have paid an additional \$3,732.52 in "out-of-pocket costs", you move to the next payment stage (stage 4, Catastrophic Coverage).

#### STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).



### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

<p>Your "out-of-pocket costs"  <b>\$68.78</b> month of July 2011  <b>\$817.48</b> year-to-date (since January 2011)</p> <p><b>DEFINITION:</b>  <b>"Out-of-pocket costs" includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does <u>not</u> include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.</li> </ul>	<p>Your "total drug costs"  <b>\$151.60</b> month of July 2011  <b>\$3,551.05</b> year-to-date (since January 2011)</p> <p><b>DEFINITION:</b>  <b>"Total drug costs" is the total of all payments made for your covered Part D drugs. It <u>includes</u>:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul> <p><b>NOTE:</b> Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do <u>not</u> count toward your out-of-pocket costs or total drug costs.</p>
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**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

**If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

**Your "Evidence of Coverage" has the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).  
Here are things to keep in mind:
  - When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
  - Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your



health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.





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**Medco Medicare Prescription Plan® (PDP)**



September 15, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4574//0003998//0066



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## Your Monthly Prescription Drug Summary

For August, 2011

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## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1. Your prescriptions for covered Part D drugs August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>BROVANA 15 MCG/2 ML SOLUTION</b> 7/11/2011, LEGENDS PHARMACY II Rx# 000006048463, 15 day supply	\$0.00	\$42.00	\$102.79 (paid by "Medicare Coverage Gap Discount Program") \$62.79 (paid by "Commercial Wrap")
<b>LEVOTHYROXINE 50 MCG TABLET</b> 8/1/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>PLAVIX 75 MG TABLET</b> 8/5/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
<b>AMLODIPINE BESYLATE 5 MG TAB</b> 8/5/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00



**CHART 1.**  
Your prescriptions for covered Part D drugs  
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>ALENDRONATE SODIUM 70 MG TAB</b> 8/11/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	\$20.06	\$5.00	\$0.00
<b>SPIRIVA 18 MCG CP-HANDIHALER</b> 8/11/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
<b>HYDROCODON-ACETAMINOPHEN 5-500</b> 8/22/2011, WALGREENS #3328 Rx# 000001575622, 7 day supply	\$3.64	\$5.00	\$0.00
<b>METOPROLOL TARTRATE 50 MG TAB</b> 8/23/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply	\$0.00	\$4.38	\$0.00
<b>MEGESTROL ACET 40 MG/ML SUSP</b> 8/30/2011, WALGREENS #3328 Rx# 000001578099, 30 day supply	\$60.05	\$5.00	\$0.00
<b>AMLODIPINE BESYLATE 5 MG TAB</b> 8/30/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

**CHART 1.**  
**Your prescriptions for covered Part D drugs**  
**August 2011**

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Totals for the month of August 2011</b></p> <p><b>Your "out-of-pocket costs" amount is \$432.66.</b> (This is the amount you paid this month (\$115.88) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$316.78). See definitions in Section 3.)</p> <p><b>Your "total drug costs" amount is \$772.78.</b> (This is the total for this month of all payments made for your drugs by the plan (\$105.85) and you (\$115.88) plus "other payments" (\$551.05).)</p>	<p>\$105.85 (total for the month)</p>	<p>\$115.88 (total for the month)</p> <p>(Of this amount, \$115.88 counts toward your out-of-pocket costs.)</p>	<p>\$551.05 (total for the month)</p> <p>(Of this amount, \$316.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>
<p><b>Year-to-date totals</b>  <b>1/1/2011 through 8/31/2011</b></p> <p><b>Your year-to-date amount for "out-of-pocket costs" is \$1,250.14.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,323.83.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,691.84 (year-to-date total)</p>	<p>\$740.76 (year-to-date total)</p> <p>(Of this amount, \$740.76 counts toward your "out-of-pocket costs".)</p>	<p>\$891.23 (year-to-date total)</p> <p>(Of this amount, \$509.38 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

**STAGE 1  
Yearly Deductible**

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

**STAGE 2  
Initial Coverage**

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.

**You are in this stage:**

**STAGE 3  
Coverage Gap**

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 08/31/2011 your year-to-date "out-of-pocket costs" was \$1,250.14 (see Section 3).

**STAGE 4  
Catastrophic Coverage**

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

**What happens next?**

- Once you (or others on your behalf) have paid an additional **\$3,299.86 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

<p>Your "out-of-pocket costs"  <b>\$432.66 month of August 2011</b>  <b>\$1,250.14 year-to-date</b> (since January 2011)</p>	<p>Your "total drug costs"  <b>\$772.78 month of August 2011</b>  <b>\$4,323.83 year-to-date</b> (since January 2011)</p>
<p><b>DEFINITION:</b>  <b>"Out-of-pocket costs" includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does <u>not</u> include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.</li> </ul>	<p><b>DEFINITION:</b>  <b>"Total drug costs" is the total of all payments made for your covered Part D drugs. It <u>includes</u>:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul> <p><b>NOTE:</b> Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do <u>not</u> count toward your out-of-pocket costs or total drug costs.</p>

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

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If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

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- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

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is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.



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**Medco Medicare Prescription Plan®(PDP)**



October 20, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4576//0003925//0309



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD09030900392501040000

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This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### Need large print or another format?

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### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

A Medicare-approved Part D sponsor

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## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1. Your prescriptions for covered Part D drugs September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>LEVOTHYROXINE 50 MCG TABLET</b> 9/6/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>PLAVIX 75 MG TABLET</b> 9/6/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
<b>SPIRONOLACTONE 100 MG TABLET</b> 9/13/2011, WALGREENS #3328 Rx# 000001582039, 30 day supply	\$20.95	\$5.00	\$0.00
<b>FUROSEMIDE 40 MG TABLET</b> 9/14/2011, WALGREENS #3328 Rx# 000001582564, 30 day supply	\$0.00	\$2.69	\$1.69 (paid by "Medicare Coverage Gap Discount Program")
<b>WARFARIN SODIUM 5 MG TABLET</b> 9/19/2011, WALGREENS #13142 Rx# 000000075984, 30 day supply	\$7.46	\$5.00	\$0.00



**CHART 1.**  
**Your prescriptions for covered Part D drugs**  
**September 2011**

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>CARTIA XT 120 MG CAPSULE</b> 9/19/2011, WALGREENS #13142 Rx# 00000075983, 30 day supply	\$19.73	\$5.00	\$0.00
<b>POTASSIUM CL ER 20 MEQ TABLET</b> 9/20/2011, WALGREENS #3328 Rx# 000001584402, 30 day supply	\$10.11	\$5.00	\$0.00
<b>SPIRIVA 18 MCG CP-HANDIHALER</b> 9/22/2011, WALGREENS #3328 Rx# 000001584751, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
<b>WARFARIN SODIUM 2 MG TABLET</b> 9/28/2011, O C PHARMACY Rx# 000006014189, 30 day supply	\$7.27	\$5.00	\$0.00

## CHART 1.

Your prescriptions for covered Part D drugs  
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Totals for the month of September 2011</b></p> <p><b>Your "out-of-pocket costs" amount is \$287.87.</b> (This is the amount you paid this month (\$72.19) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$215.68). See definitions in Section 3.)</p> <p><b>Your "total drug costs" amount is \$526.23.</b> (This is the total for this month of all payments made for your drugs by the plan (\$66.88) and you (\$72.19) plus "other payments" (\$387.16).)</p>	\$66.88 (total for the month)	\$72.19 (total for the month)  (Of this amount, \$72.19 counts toward your out-of-pocket costs.)	\$387.16 (total for the month)  (Of this amount, \$215.68 counts toward your "out-of-pocket costs". See definitions in Section 3.)

Year-to-date totals

1/1/2011 through 9/30/2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$1,538.01.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,850.06.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	\$2,758.72 (year-to-date total)	\$812.95 (year-to-date total)  (Of this amount, \$812.95 counts toward your "out-of-pocket costs".)	\$1,278.39 (year-to-date total)  (Of this amount, \$725.06 counts toward your "out-of-pocket costs". See definitions in Section 3.)



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

**STAGE 1  
Yearly Deductible**

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

**STAGE 2  
Initial Coverage**

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.

**You are in this stage:**

**STAGE 3  
Coverage Gap**

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 09/30/2011 your year-to-date "out-of-pocket costs" was \$1,538.01 (see Section 3).

**STAGE 4  
Catastrophic Coverage**

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

**What happens next?**

- Once you (or others on your behalf) have paid an additional \$3,011.99 in "out-of-pocket costs", you move to the next payment stage (stage 4, Catastrophic Coverage).

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

\$287.87 month of September 2011

\$1,538.01 year-to-date (since January 2011)

**DEFINITION:**

**"Out-of-pocket costs" includes:**

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

**It does not include:**

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

Your "total drug costs"

\$526.23 month of September 2011

\$4,850.06 year-to-date (since January 2011)

**DEFINITION:**

**"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:**

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

**If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

**Your "Evidence of Coverage" has the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
  - Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).
- Here are things to keep in mind:
- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
  - Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.



## **Medco Medicare Prescription Plan®(PDP)**

As a Medicare Part D prescription drug plan approved by the Centers for Medicare & Medicaid Services, Medco is required to detect, correct, and prevent fraud, waste, and abuse. We take this responsibility seriously and are asking for your help in this important matter.

### **Examples of fraud, waste, and abuse:**

- A Medicare Part D card is stolen or is used illegally.
- A Medicare plan member is asked for money or for his/her personal information (e.g., Medicare or Social Security numbers, bank account number, credit card number, etc.) by someone pretending to represent Medicare, Social Security, and/or the plan sponsor.
- A plan member is asked to use his/her Medicare prescription drug card to obtain drugs for another person.
- A plan member is asked to sell his/her Medicare prescription drug card.
- Several payers, including Medicare Part D, are billed for the entire cost of the same prescription.
- The Explanation of Benefits statement lists prescriptions for medications the member is not taking.

### **What you should do if you suspect fraud, waste, or abuse**

If you suspect any instances of fraud, waste, or abuse, we urge you to call Medco's Medicare Fraud, Waste, and Abuse Hotline toll-free at **1-800-303-9373**. This hotline is available 24 hours a day, 7 days a week.

When you call the hotline, you may leave your name and number or choose to remain anonymous. The information you provide will be treated in the strictest confidence.

Thank you for your attention to this important matter. Your help is greatly appreciated.

## **Medco Medicare Prescription Plan® (PDP)**

En su condición de plan de medicamentos recetados Medicare Parte D aprobado por los Centers for Medicare & Medicaid Services, se le requiere a Medco detectar, corregir e impedir el fraude, desperdicio y abuso. Nos tomamos esta responsabilidad en serio y solicitamos su ayuda en este asunto importante.

### **Ejemplos de fraude, desperdicio y abuso:**

- Alguien roba una tarjeta de Medicare Parte D o la usa ilegalmente.
- Alguien le pide a un miembro de un plan Medicare dinero o su información personal (por ejemplo, el número de Medicare o de Social Security, el número de su cuenta bancaria, el número de su tarjeta de crédito, etc.) y tal persona finge representar a Medicare, a la agencia Social Security y/o al patrocinador del plan.
- Alguien le pide a un miembro del plan que use su tarjeta de medicamentos recetados Medicare para obtener medicamentos para otra persona.
- Alguien le pide a un miembro del plan que venda su tarjeta de medicamentos recetados Medicare.
- Varias entidades a cargo de los pagos, inclusive Medicare Parte D, reciben una factura por el costo total de la misma receta.
- El informe de Explicación de beneficios enumera los medicamentos recetados que el miembro no está tomando.

### **Lo que debe hacer si sospecha que hay un fraude, desperdicio o abuso**

Si sospecha cualquier instancia de fraude, desperdicio o abuso, lo instamos a comunicarse con la línea telefónica gratuita de Medco sobre fraude, desperdicio y abuso en relación con Medicare al **1-800-303-9373**. Esta línea gratuita está disponible las 24 horas del día, los 7 días de la semana.

Cuando se comunique con la línea gratuita, puede declarar su nombre y número o puede optar por permanecer en el anonimato. La información que provee será considerada en forma estrictamente confidencial.

Agradecemos su atención con respecto a este asunto importante. Valoramos enormemente su ayuda.

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Un programa de patrocinio de Medicare Parte D aprobado por Medicare

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare** Prescription Plan®(PDP)



November 19, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

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## Your Monthly Prescription Drug Summary

For October, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1. Your prescriptions for covered Part D drugs October 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>ALENDRONATE SODIUM 70 MG TAB</b> 10/7/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	\$20.06	\$5.00	\$0.00
<b>LEVOTHYROXINE 50 MCG TABLET</b> 10/11/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>FUROSEMIDE 40 MG TABLET</b> 10/14/2011, WALGREENS #3328 Rx# 000001592195, 30 day supply	\$2.77	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>WARFARIN SODIUM 1 MG TABLET</b> 10/17/2011, O C PHARMACY Rx# 000006014660, 60 day supply	\$2.55	\$10.00	\$0.00
<b>POTASSIUM CL ER 20 MEQ TABLET</b> 10/20/2011, WALGREENS #3328 Rx# 000001593827, 30 day supply	\$10.11	\$5.00	\$0.00



**CHART 1.**

Your prescriptions for covered Part D drugs  
October 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>METOPROLOL TARTRATE 50 MG TAB</b> 10/20/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply</p>	\$0.00	\$4.38	\$0.00
<p><b>CARTIA XT 120 MG CAPSULE</b> 10/20/2011, WALGREENS #3328 Rx# 000001593826, 30 day supply</p>	\$19.73	\$5.00	\$0.00
<p><b>HYDROCODON-ACETAMINOPHEN 5-500</b> 10/28/2011, WALGREENS #3328 Rx# 000001596382, 7 day supply</p>	\$3.64	\$5.00	\$0.00
<p><b>Totals for the month of October 2011</b> <b>Your "out-of-pocket costs" amount is \$44.38.</b> (This is the amount you paid this month (\$39.38) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$5.00). See definitions in Section 3.) <b>Your "total drug costs" amount is \$104.60.</b> (This is the total for this month of all payments made for your drugs by the plan (\$60.22) and you (\$39.38) plus "other payments" (\$5.00).)</p>	\$60.22 (total for the month)	\$39.38 (total for the month) (Of this amount, \$39.38 counts toward your out-of-pocket costs.)	\$5.00 (total for the month) (Of this amount, \$5.00 counts toward your "out-of-pocket costs". See definitions in Section 3.)

Year-to-date totals 1/1/2011 through 10/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is <b>\$1,582.39.</b></p> <p>Your year-to-date amount for "total drug costs" is <b>\$4,954.66.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,818.94 (year-to-date total)</p>	<p>\$852.33 (year-to-date total)</p> <p>(Of this amount, \$852.33 counts toward your "out-of- pocket costs".)</p>	<p>\$1,283.39 (year-to-date total)</p> <p>(Of this amount, \$730.06 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

<p><b>You are in this stage:</b></p>	<p><b>STAGE 1 Yearly Deductible</b></p> <ul style="list-style-type: none"> <li>• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.</li> <li>• You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).</li> </ul>
<p><b>STAGE 2 Initial Coverage</b></p>	<ul style="list-style-type: none"> <li>• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.</li> <li>• You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.</li> </ul>
<p><b>STAGE 3 Coverage Gap</b></p>	<ul style="list-style-type: none"> <li>• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.</li> <li>• You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 10/31/2011 your year-to-date "out-of-pocket costs" was \$1,582.39 (see Section 3).</li> </ul>
<p><b>STAGE 4 Catastrophic Coverage</b></p>	<ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• You generally stay in this stage for the rest of the calendar year (through December 31, 2011).</li> </ul>
<p><b>What happens next?</b></p> <ul style="list-style-type: none"> <li>• Once you (or others on your behalf) have paid an additional \$2,967.61 in "out-of-pocket costs", you move to the next payment stage (stage 4, Catastrophic Coverage).</li> </ul>	

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

<p>Your "out-of-pocket costs"  <b>\$44.38 month of October 2011</b>  <b>\$1,582.39 year-to-date</b> (since January 2011)</p>	<p>Your "total drug costs"  <b>\$104.60 month of October 2011</b>  <b>\$4,954.66 year-to-date</b> (since January 2011)</p>
<p><b>DEFINITION:</b>  <b>"Out-of-pocket costs" includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does not include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.</li> </ul>	<p><b>DEFINITION:</b>  <b>"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul> <p><b>NOTE:</b> Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.</p>

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).



## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

**If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

**Your "Evidence of Coverage" has the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
  - Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).
- Here are things to keep in mind:
- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
  - Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.



# Medicare Summary Notice

June 22, 2011

## CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**  
 TX

Ask for Doctor Services  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 04/11/2011 through 06/22/2011.

## 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 28-11152-237-060						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Wade, Shawna						
05/16/11	1.0 Emergency dept visit (99285)	\$860.00	\$171.85	\$137.48	\$34.37	
05/16/11	1.0 Electrocardiogram report (93010)	78.00	8.93	7.14	1.79	
	<b>Claim Total</b>	<b>\$938.00</b>	<b>\$180.78</b>	<b>\$144.62</b>	<b>\$36.16</b>	
Claim number 22-11159-357-060						
Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903						
Referred by: Szema, Robert Scott						
Dr. Achari, M.						
06/06/11	1.0 Initial hospital care (99223)	\$450.00	\$196.45	\$157.16	\$39.29	
Dr. Achari, M.						
06/07/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	<b>Claim Total</b>	<b>\$700.00</b>	<b>\$297.13</b>	<b>\$237.70</b>	<b>\$59.43</b>	

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

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**IMPORTANT INFORMATION**  
**You Should Know About Your Medicare Part B Benefits**

**For more information about services covered by Medicare, please see your Medicare Handbook.**

**MEDICARE PART B MEDICAL INSURANCE:**

**Medicare Part B** helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
  - telephone or door to door offers of free medical services or items and
  - claims for Medicare services or items you did not receive.
- If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

June 22, 2011

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11160-428-590 <b>Amrit N Achari MD PA, 8915 Gaylord St,            Houston, TX 77024-2903</b> Referred by: Szema, Robert Scott Dr. Achari, M.						
06/07/11	1.0 Eeg awake and drowsy (95816-26) professional charge	\$300.00	\$55.23	\$44.18	\$11.05	
06/07/11	1.0 EEG digital analysis (95957-26) professional charge	300.00	101.25	81.00	20.25	
Dr. Achari, M.						
06/08/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	<b>Claim Total</b>	<b>\$850.00</b>	<b>\$257.16</b>	<b>\$205.72</b>	<b>\$51.44</b>	
Claim number 58-10093-521-670 <b>Digestive And Liver Speciali, Suite 850,            915 Gessner , Houston, TX 77024-0000</b> Dr. Mauk, Paul M.						
04/06/10	1.0 Office/outpatient visit est (99214)	\$129.00	\$99.26	\$79.41	\$19.85	
Claim number 58-10138-215-450 <b>Digestive And Liver Speciali, Suite 850,            915 Gessner , Houston, TX 77024-0000</b> Dr. Mauk, Paul M.						
05/17/10	1.0 Office/outpatient visit est (99213)	\$83.00	\$66.31	\$53.05	\$13.26	
Claim number 58-10097-180-480 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Marconi, Andrea Dr. Govea, C. M.D.						
04/04/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.24	\$7.39	\$1.85	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 58-10129-426-160 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct thorax w/o & w/dye (71270-26) professional charge	\$284.00	\$70.94	\$56.75	\$14.19	
Claim number 58-10129-426-170 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-26) professional charge	\$284.00	\$62.93	\$50.34	\$12.59	
Claim number 58-10129-426-180 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-26) professional charge	\$319.00	\$72.52	\$58.02	\$14.50	
Claim number 29-11116-428-020 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cheng, Thanh Chi Dr. Lee, Stephen						
01/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	

June 22, 2011

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11145-526-480						
Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000						
Referred by: Wade, Shawna						
Dr. Lee, Stephen						
05/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	
Claim number 22-11154-281-280						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
Dr. Jain, Ajay						
05/16/11	1.0 Initial observation care (99218-AI)	\$115.00	\$64.95	\$51.96	\$12.99	a
Dr. Jain, Ajay						
05/17/11	1.0 Observation care discharge (99217)	150.00	70.00	56.00	14.00	
<b>Claim Total</b>		<b>\$265.00</b>	<b>\$134.95</b>	<b>\$107.96</b>	<b>\$26.99</b>	
Claim number 58-10234-144-170						
Memorial Heramnn Hosp, PO Box 201367, Houston, TX 77216-0000						
Referred by: Mauk, Paul Martin						
04/26/10	150.0 LOCM 300-399mg/ml iodine,1ml (Q9967)	\$520.00	\$26.55	\$21.02	\$5.53	b
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-TC) technical charge	3,328.25	331.50	265.20	66.30	c
04/26/10	1.0 Ct thorax w/o & w/dye (71270-TC51) technical charge	2,996.00	225.50	180.40	45.10	c
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-TC51) technical charge	2,540.25	226.30	181.04	45.26	c
<b>Claim Total</b>		<b>\$9,384.50</b>	<b>\$809.85</b>	<b>\$647.66</b>	<b>\$162.19</b>	
Claim number 22-11089-662-250						
Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418						
Referred by: Dr. Mauk, Paul M.						
Dr. Miro Quesada, Miguel V. M.D.						
03/28/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
03/28/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	d
03/28/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	d
	<b>Claim Total</b>	<b>\$188.00</b>	<b>\$83.35</b>	<b>\$69.47</b>	<b>\$13.88</b>	
<hr/> <p>Claim number 58-10185-046-160                      Rosewood Family Physicians, Suite B,                      2405 South Gessner , Houston, TX 77063-2005                      Dr. White, Robert E. M.D.</p>						
01/22/10	1.0 Office/outpatient visit est (99213-25)	\$115.00	\$66.31	\$0.00	\$66.31	e
01/22/10	1.0 Routine venipuncture (36415)	10.00	3.00	3.00	0.00	d
	<b>Claim Total</b>	<b>\$125.00</b>	<b>\$69.31</b>	<b>\$3.00</b>	<b>\$66.31</b>	
<hr/> <p>Claim number 58-10192-239-080                      Rosewood Family Physicians, Suite B,                      2405 South Gessner , Houston, TX 77063-2005                      Dr. White, Robert E. M.D.</p>						
03/19/10	1.0 Office/outpatient visit est (99213)	\$115.00	\$66.31	\$0.00	\$66.31	e

**Notes Section:**

- a The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- b \$ 0.28 of this approved amount has been applied toward your deductible.
- c The approved amount is based on a special payment method.
- d This service is paid at 100 percent of the Medicare approved amount.
- e This approved amount has been applied toward your deductible.



June 22, 2011

**Your Medicare Number: XXX-XX-8905D****Deductible Information:**

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by October 25, 2011. 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 following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

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September 21, 2011



# Medicare Summary Notice

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**  
 TX

**Ask for Doctor Services**  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/24/2011 through 09/20/2011.

### 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 29-11213-144-240 Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018 Dr. Feinstein, Joshua G. M.D.						
06/06/11	1.0 Emergency dept visit (99285)	\$860.00	\$171.85	\$137.48	\$34.37	
Claim number 32-11208-903-060 Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018 Dr. Pattison, Monta K.						
07/11/11	1.0 Emergency dept visit (99285)	\$860.00	\$171.85	\$137.48	\$34.37	

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## IMPORTANT INFORMATION

### You Should Know About Your Medicare Part B Benefits

**For more information about services covered by Medicare, please see your Medicare Handbook.**

#### **MEDICARE PART B MEDICAL INSURANCE:**

**Medicare Part B** helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
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- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

#### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11166-682-740 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Szema, Robert Scott Dr. Achari, M.						
06/09/11	1.0 Subsequent hospital care (99232)	\$200.00	\$70.08	\$56.06	\$14.02	
Claim number 28-11199-841-740 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Jain, Ajay Dr. Achari, M.						
07/11/11	1.0 Initial hospital care (99223)	\$450.00	\$196.45	\$157.16	\$39.29	
07/12/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
07/12/11	1.0 Eeg awake and drowsy (95816-26) professional charge	300.00	55.23	44.18	11.05	
07/12/11	1.0 EEG digital analysis (95957-26) professional charge	300.00	101.25	81.00	20.25	
	<b>Claim Total</b>	<b>\$1,300.00</b>	<b>\$453.61</b>	<b>\$362.88</b>	<b>\$90.73</b>	
Claim number 28-11199-841-730 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Jain, Ajay Dr. Achari, M.						
07/13 - 14/11	2.0 Subsequent hospital care (99232)	\$400.00	\$140.16	\$112.13	\$28.03	
Claim number 29-11215-210-200 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Jain, Ajay Dr. Achari, M.						
08/02/11	1.0 Office/outpatient visit est (99215)	\$200.00	\$138.60	\$110.88	\$27.72	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11165-792-440 Annie F Uralil MD PA, F-266, 13280 Northwest Freeway , Houston, TX 77040-6029 Referred by: Jain, Ajay Dr. Uralil, Annie F.						
06/09/11	1.0 Initial hospital care (99223) Dr. Uralil, Annie F.	\$225.00	\$196.45	\$157.16	\$39.29	
06/10/11	1.0 Subsequent hospital care (99232) Claim Total	95.00 \$320.00	70.08 \$266.53	56.06 \$213.22	14.02 \$53.31	
Claim number 22-11165-792-520 Annie F Uralil MD PA, F-266, 13280 Northwest Freeway , Houston, TX 77040-6029 Referred by: Noor, Sohail Dr. Uralil, Annie F.						
06/11/11	1.0 Initial hospital care (99222)	\$175.00	\$133.92	\$107.14	\$26.78	
Claim number 22-11178-559-750 Annie F Uralil MD PA, F-266, 13280 Northwest Freeway , Houston, TX 77040-6029 Referred by: Noor, Sohail Dr. Uralil, Annie F.						
06/13/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	\$95.00	\$70.08	\$56.06	\$14.02	
06/14/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	95.00	70.08	56.06	14.02	
06/15/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	95.00	70.08	56.06	14.02	
06/16/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	95.00	70.08	56.06	14.02	
06/17/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	95.00	70.08	56.06	14.02	
06/20/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	95.00	70.08	56.06	14.02	
06/21/11	1.0 Subsequent hospital care (99232) Dr. Uralil, Annie F.	95.00	70.08	56.06	14.02	
06/22/11	1.0 Subsequent hospital care (99232)	95.00	70.08	56.06	14.02	

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Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
06/23/11	Dr. Uralil, Annie F. 1.0 Subsequent hospital care (99232)	95.00	70.08	56.06	14.02	
06/24/11	Dr. Uralil, Annie F. 1.0 Subsequent hospital care (99232)	95.00	70.08	56.06	14.02	
	<b>Claim Total</b>	<b>\$950.00</b>	<b>\$700.80</b>	<b>\$560.60</b>	<b>\$140.20</b>	
<hr/> Claim number 22-11175-848-700 <b>Azmat Khan MD PA, PO Box 5883,            Katy, TX 77491-5883</b> Referred by: Noor, Sohail Dr. Khan, Azmat S. M.D.						
06/11/11	1.0 Initial hospital care (99223)	\$388.00	\$186.63	\$149.30	\$37.33	
06/12/11	Dr. Khan, Azmat S. M.D. 1.0 Subsequent hospital care (99232)	141.00	66.58	53.26	13.32	
	<b>Claim Total</b>	<b>\$529.00</b>	<b>\$253.21</b>	<b>\$202.56</b>	<b>\$50.65</b>	
<hr/> Claim number 22-11179-813-600 <b>Comprehensive Heart Care, Suite 630,            925 Gressner , Houston, TX 77024-0000</b> Referred by: Jain, Ajay Dr. El Hafi, Salah E. M.D.						
06/06/11	1.0 Electrocardiogram report (93010)	\$20.00	\$8.93	\$7.14	\$1.79	
<hr/> Claim number 29-11189-402-860 <b>Dr Mubarak Khawaja PA, Ste 375,            707 South Fry Road , Katy, TX 77450-2256</b> Dr. Khawaja, Mubarak M.D.						
06/13 - 18/11	6.0 Subsequent hospital care (99232-AI)	\$726.00	\$420.48	\$336.38	\$84.10	
<hr/> Claim number 29-11189-403-150 <b>Dr Mubarak Khawaja PA, Ste 375,            707 South Fry Road , Katy, TX 77450-2256</b> Dr. Khawaja, Mubarak M.D.						
06/20/11	1.0 Subsequent hospital care (99232-AI)	\$121.00	\$70.08	\$56.06	\$14.02	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
06/21/11	Dr. Khawaja, Mubarak M.D. 1.0 Subsequent hospital care (99232-AI)	121.00	70.08	56.06	14.02	
06/23/11	Dr. Khawaja, Mubarak M.D. 1.0 Subsequent hospital care (99232-AI)	121.00	70.08	56.06	14.02	
06/24/11	Dr. Khawaja, Mubarak M.D. 1.0 Subsequent hospital care (99232-AI)	121.00	70.08	56.06	14.02	
	<b>Claim Total</b>	<b>\$484.00</b>	<b>\$280.32</b>	<b>\$224.24</b>	<b>\$56.08</b>	
<hr/> <p>Claim number 22-11174-838-990 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Referred by: Jain, Ajay Dr. Patel, P. M.D.</p>						
05/16/11	1.0 Electrocardiogram report (93010)	\$60.00	\$8.93	\$7.14	\$1.79	
<hr/> <p>Claim number 28-11209-318-100 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Referred by: Jain, Ajay Dr. Manhas, Amit H.</p>						
07/12/11	1.0 Initial hospital care (99222)	\$270.00	\$133.92	\$107.14	\$26.78	
07/13/11	Dr. Manhas, Amit H. 1.0 Tte w/doppler complete (93306-26) professional charge	550.00	68.14	54.51	13.63	
07/13/11	1.0 Subsequent hospital care (99231-25)	80.00	38.84	31.07	7.77	
	<b>Claim Total</b>	<b>\$900.00</b>	<b>\$240.90</b>	<b>\$192.72</b>	<b>\$48.18</b>	
<hr/> <p>Claim number 28-11209-317-930 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Referred by: Jain, Ajay Dr. Thiagarajan, Kennedy</p>						
07/15/11	1.0 Subsequent hospital care (99232)	\$140.00	\$70.08	\$56.06	\$14.02	



**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11229-046-990 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
08/10/11	1.0 Office/outpatient visit est (99213-25)	\$140.00	\$69.41	\$55.53	\$13.88	a
Claim number 29-11173-067-120 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Achari, Marhureeta Dr. Lee, Stephen						
06/06/11	1.0 Ct head/brain w/o dye (70450-26) professional charge	\$240.00	\$42.56	\$34.05	\$8.51	
Claim number 29-11175-102-540 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Achari, Marhureeta Dr. Truong, Hans H.						
06/07/11	1.0 Ct head/brain w/o dye (70450-26) professional charge	\$240.00	\$42.56	\$34.05	\$8.51	
06/07/11	1.0 Pres/absn hmrhg/lesion docd (3110F-8P)	0.00	0.00	0.00	0.00	b
	<b>Claim Total</b>	<b>\$240.00</b>	<b>\$42.56</b>	<b>\$34.05</b>	<b>\$8.51</b>	
Claim number 29-11175-102-530 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Achari, Marhureeta Dr. Huynh, Khanh D.						
06/08/11	1.0 Mri brain w/o dye (70551-26) professional charge	\$312.00	\$74.52	\$59.62	\$14.90	
06/08/11	1.0 Ct/mri brain done > 24 hrs (3112F)	0.00	0.00	0.00	0.00	b
	<b>Claim Total</b>	<b>\$312.00</b>	<b>\$74.52</b>	<b>\$59.62</b>	<b>\$14.90</b>	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11209-091-320 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Pattison, Monta Kay Dr. Lee, Stephen						
07/11/11	1.0 Ct head/brain w/o dye (70450-26) professional charge	\$240.00	\$42.56	\$34.05	\$8.51	
Claim number 22-11209-091-330 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Pattison, Monta Kay Dr. Severs Jr, Frederick J. M.D.						
07/12/11	1.0 Mri brain w/o dye (70551-26) professional charge	\$312.00	\$74.52	\$59.62	\$14.90	
Claim number 22-11209-091-310 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Pattison, Monta Kay Dr. Mehta, Snehal D. M.D.						
07/13/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	
Claim number 22-11222-503-850 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Miro Quesada, Miguel V Dr. Lim, Stanley W. M.D.						
08/01/11	1.0 Ct thorax w/dye (71260-26) professional charge	\$276.00	\$62.85	\$50.28	\$12.57	

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## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11222-503-860						
Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000						
Referred by: Miro Quesada, Miguel V Dr. Lim, Stanley W. M.D.						
08/01/11	1.0 Ct abd & pelv 1/ > regns (74178-26) professional charge	\$603.00	\$99.34	\$79.47	\$19.87	
Claim number 28-11217-240-510						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
Dr. Jain, Ajay						
06/07/11	1.0 Initial hospital care (99222-AI)	\$240.00	\$133.92	\$107.14	\$26.78	c
06/08 - 09/11	2.0 Subsequent hospital care (99232)	280.00	140.16	112.13	28.03	
Dr. Jain, Ajay						
06/10/11	1.0 Subsequent hospital care (99232)	140.00	70.08	56.06	14.02	
Dr. Jain, Ajay						
06/11/11	1.0 Hospital discharge day (99238)	175.00	69.62	55.70	13.92	
	<b>Claim Total</b>	<b>\$835.00</b>	<b>\$413.78</b>	<b>\$331.03</b>	<b>\$82.75</b>	
Claim number 28-11208-599-730						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
Dr. Jain, Ajay						
07/07/11	1.0 Pt vis doc use EHR cer ATCB (G8447)	\$0.01	\$0.00	\$0.00	\$0.00	b
07/07/11	1.0 Office/outpatient visit est (99214)	140.00	102.94	82.35	20.59	
07/07/11	1.0 Doc cur meds by prov (G8427)	0.00	0.00	0.00	0.00	b
07/07/11	1.0 Tobacco non-user (1036F)	0.00	0.00	0.00	0.00	b
	<b>Claim Total</b>	<b>\$140.01</b>	<b>\$102.94</b>	<b>\$82.35</b>	<b>\$20.59</b>	
Claim number 28-11217-239-940						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
Dr. Jain, Ajay						
07/12/11	1.0 Initial hospital care (99222-AI)	\$240.00	\$133.92	\$107.14	\$26.78	c

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Dr. Jain, Ajay 07/13 - 14/11	2.0 Subsequent hospital care (99232)	280.00	140.16	112.13	28.03	
Dr. Jain, Ajay 07/15/11	1.0 Hospital discharge day (99238)	175.00	69.62	55.70	13.92	
	<b>Claim Total</b>	<b>\$695.00</b>	<b>\$343.70</b>	<b>\$274.97</b>	<b>\$68.73</b>	
<hr/>						
Claim number 28-11237-631-810						
Medical Chest Associates PA, Ste 188,						
902 Frostwood Dr , Houston, TX 77024-2402						
Dr. Jain, Ajay						
08/15/11	1.0 Pt vis doc use EHR cer ATCB (G8447)	\$0.01	\$0.00	\$0.00	\$0.00	b
08/15/11	1.0 Office/outpatient visit est (99214)	140.00	102.94	82.35	20.59	
08/15/11	1.0 Spirom doc rev (3023F)	0.00	0.00	0.00	0.00	b
08/15/11	1.0 Doc cur meds by prov (G8427)	0.00	0.00	0.00	0.00	b
08/15/11	1.0 Tobacco non-user (1036F)	0.00	0.00	0.00	0.00	b
	<b>Claim Total</b>	<b>\$140.01</b>	<b>\$102.94</b>	<b>\$82.35</b>	<b>\$20.59</b>	
<hr/>						
Claim number 58-10300-348-540						
Memorial Clinical Associates, Suite 200,						
1201 Dairy Ashford , Houston, TX 77079-3017						
Dr. Pohil, Richard J. M.D.						
04/08/10	1.0 Office/outpatient visit est (99214)	\$150.00	\$99.26	\$61.73	\$37.53	d
04/08/10	1.0 Chest x-ray (71020)	57.00	30.55	24.44	6.11	
	<b>Claim Total</b>	<b>\$207.00</b>	<b>\$129.81</b>	<b>\$86.17</b>	<b>\$43.64</b>	
<hr/>						
Claim number 29-11188-136-510						
Memorial Hermann Medical Grp, PO Box 848662,						
Boston, MA 02284-8662						
Dr. Condara, Harold A. M.D.						
06/08/11	1.0 Initial hospital care (99223-25)	\$351.00	\$196.45	\$157.16	\$39.29	
Dr. Condara, Harold A. M.D.						
06/09/11	1.0 Subsequent hospital care (99232)	129.00	70.08	56.06	14.02	
Dr. Condara, Harold A. M.D.						
06/10/11	1.0 Subsequent hospital care (99232)	129.00	70.08	56.06	14.02	
	<b>Claim Total</b>	<b>\$609.00</b>	<b>\$336.61</b>	<b>\$269.28</b>	<b>\$67.33</b>	

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11245-746-020 Memorial Hermann Medical Grp, PO Box 848662, Boston, MA 02284-8662 Dr. Condara, Harold A. M.D.						
07/11/11	1.0 Electrocardiogram report (93010)	\$17.00	\$8.93	\$7.14	\$1.79	c
Claim number 22-11223-277-730 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/08/11	1.0 Office/outpatient visit new (99205)	\$350.00	\$198.92	\$159.14	\$39.78	
Claim number 22-11224-684-610 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/09/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/09/11	1.0 Set radiation therapy field (77290)	1,250.00	527.23	421.78	105.45	
08/09/11	1.0 Radiation treatment aid(s) (77334)	750.00	153.47	122.78	30.69	
08/09/11	1.0 Radiation therapy planning (77263)	900.00	163.80	131.04	32.76	
	<b>Claim Total</b>	<b>\$3,550.00</b>	<b>\$1,035.74</b>	<b>\$828.59</b>	<b>\$207.15</b>	
Claim number 28-11231-359-960 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/09/11	1.0 Special radiation treatment (77470)	\$2,000.00	\$202.48	\$161.98	\$40.50	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11231-359-990 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/10/11	1.0 Radiotherapy dose plan imrt (77301)	\$6,300.00	\$2,079.89	\$1,663.91	\$415.98	
Claim number 28-11231-359-950 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/11/11	9.0 Radiation therapy dose plan (77300)	\$3,150.00	\$630.36	\$504.29	\$126.07	
08/11/11	1.0 Design mlc device for imrt (77338)	2,000.00	479.76	383.81	95.95	
	<b>Claim Total</b>	<b>\$5,150.00</b>	<b>\$1,110.12</b>	<b>\$888.10</b>	<b>\$222.02</b>	
Claim number 32-11230-134-160 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/12/11	1.0 Set radiation therapy field (77280)	\$650.00	\$188.06	\$150.45	\$37.61	
Claim number 28-11231-359-560 Northwoods Urology Associate, P O Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Phan, Cuong Q. M.D.						
08/15/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/15/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
08/15/11	1.0 Radiation tx management, x5 (77427)	1,000.00	182.54	146.03	36.51	
	<b>Claim Total</b>	<b>\$4,150.00</b>	<b>\$889.51</b>	<b>\$711.60</b>	<b>\$177.91</b>	

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11234-541-470 Northwoods Urology Associate, P O Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Phan, Cuong Q. M.D.						
08/16/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/16/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
<hr/> Claim number 22-11234-541-510 Northwoods Urology Associate, P O Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Phan, Cuong Q. M.D.						
08/17/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/17/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
08/17/11	1.0 Radiation physics consult (77336)	500.00	51.95	41.56	10.39	
	<b>Claim Total</b>	<b>\$3,650.00</b>	<b>\$758.92</b>	<b>\$607.13</b>	<b>\$151.79</b>	
<hr/> Claim number 29-11236-244-340 Northwoods Urology Associate, P O Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Phan, Cuong Q. M.D.						
08/18/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/18/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
<hr/> Claim number 32-11237-506-520 Northwoods Urology Associate, P O Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Phan, Cuong Q. M.D.						
08/19/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/19/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11237-309-260						
Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959						
Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/22/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/22/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
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Claim number 29-11242-179-990						
Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959						
Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/23/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/23/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
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Claim number 28-11243-506-480						
Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959						
Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/24/11	1.0 Radiation tx delivery imrt (77418)	\$2,500.00	\$515.73	\$412.58	\$103.15	
08/24/11	1.0 Radiation tx management, x5 (77427)	1,000.00	182.54	146.03	36.51	
08/24/11	1.0 Radiation physics consult (77336)	500.00	51.95	41.56	10.39	
	<b>Claim Total</b>	<b>\$4,000.00</b>	<b>\$750.22</b>	<b>\$600.17</b>	<b>\$150.05</b>	
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Claim number 28-11243-506-620						
Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959						
Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/25/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/25/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	



**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11244-847-690 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/26/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/26/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
Claim number 28-11244-847-770 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/29/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/29/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
Claim number 22-11245-331-320 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/30/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/30/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
08/30/11	1.0 Radiation tx management, x5 (77427)	1,000.00	182.54	146.03	36.51	
	<b>Claim Total</b>	<b>\$4,150.00</b>	<b>\$889.51</b>	<b>\$711.60</b>	<b>\$177.91</b>	
Claim number 22-11245-331-180 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
08/31/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
08/31/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
08/31/11	1.0 Radiation physics consult (77336)	500.00	51.95	41.56	10.39	
	<b>Claim Total</b>	<b>\$3,650.00</b>	<b>\$758.92</b>	<b>\$607.13</b>	<b>\$151.79</b>	
<hr/> <p>Claim number 22-11249-296-840                      Northwoods Urology Associate, PO Box 4959,                      Houston, TX 77210-4959                      Referred by: Miro Quesada, Miguel V                      Dr. Yu, Tse-Kuan M.D.</p>						
09/01/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/01/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
<hr/> <p>Claim number 29-11251-422-800                      Northwoods Urology Associate, PO Box 4959,                      Houston, TX 77210-4959                      Referred by: Miro Quesada, Miguel V                      Dr. Yu, Tse-Kuan M.D.</p>						
09/02/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/02/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	
<hr/> <p>Claim number 32-11252-327-240                      Northwoods Urology Associate, PO Box 4959,                      Houston, TX 77210-4959                      Referred by: Miro Quesada, Miguel V                      Dr. Yu, Tse-Kuan M.D.</p>						
09/06/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/06/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
	<b>Claim Total</b>	<b>\$3,150.00</b>	<b>\$706.97</b>	<b>\$565.57</b>	<b>\$141.40</b>	

September 21, 2011

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11208-380-060						
Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418						
Referred by: Dr. Mauk, Paul M. Dr. Miro Quesada, Miguel V. M.D.						
07/20/11	1.0 Office/outpatient visit est (99214)	\$210.00	\$102.94	\$82.35	\$20.59	
07/20/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
	<b>Claim Total</b>	<b>\$248.00</b>	<b>\$113.88</b>	<b>\$93.29</b>	<b>\$20.59</b>	
Claim number 22-11227-111-770						
Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418						
Referred by: Dr. Mauk, Paul M. Dr. Miro Quesada, Miguel V. M.D.						
08/03/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	
08/03/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
08/03/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	e
	<b>Claim Total</b>	<b>\$188.00</b>	<b>\$83.35</b>	<b>\$69.47</b>	<b>\$13.88</b>	
Claim number 29-11251-494-530						
Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418						
Referred by: Dr. Mauk, Paul M. Dr. Miro Quesada, Miguel V. M.D.						
08/26/11	1.0 Office/outpatient visit est (99214)	\$210.00	\$102.94	\$82.35	\$20.59	
08/26/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
	<b>Claim Total</b>	<b>\$248.00</b>	<b>\$113.88</b>	<b>\$93.29</b>	<b>\$20.59</b>	
Claim number 22-11175-826-770						
Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005						
Dr. Nguyen, Thien M.D.						
04/29/11	1.0 Office/outpatient visit est (99214-25)	\$170.00	\$102.94	\$56.62	\$46.32	f

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**Notes Section:**

- a Your claim was separated for processing. The remaining services may appear on a separate notice.
- b This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.
- c The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- d \$ 22.10 of this approved amount has been applied toward your deductible.
- e This service is paid at 100 percent of the Medicare approved amount.
- f Outpatient mental health services are paid at 55% of the approved amount.

**Deductible Information:**

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

Your Medicare Number: XXX-XX-8905D

**General Information (continued):**

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.



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**Appeals Information - Part B**

If you disagree with any claims decision on this notice, your appeal must be received by **January 24, 2012**. 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 following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_ AABrunsting.Financials002181



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0001 of 0003

NELVA E. BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
**(1-800-633-4227)(#04001)**

**Ask for Hospital Services**

TTY for Hearing Impaired:1-877-486-2048

**BE INFORMED:** You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/21/2011 through 08/17/2011.

**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
Control number 21117100910204TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Robert S. Szema 06/06/11-06/11/11	5 days	\$0.00	\$1,132.00	\$1,132.00	a b,c
Control number 21120200543404TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Monta K. Pattison 07/11/11-07/15/11	4 days	\$0.00	\$0.00	\$0.00	d b
Control number 21118701337404TXA Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550 Referred by: Mubarak A. Khawaja 06/11/11-06/25/11	14 days	\$0.00	\$0.00	\$0.00	e b

## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED for Part A** services includes:

- **an inpatient hospital deductible** once during each benefit period,
- **a coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- **a coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- **a blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- **an inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED for Part B** services includes:

- **an annual deductible**, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*CENTERS for MEDICARE & MEDICAID SERVICES*



**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (continued)**

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122701115204TXA Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550 Referred by: Mubarak A. Khawaja 06/11/11-06/25/11					
	14 days	\$0.00	\$0.00	\$0.00	f,g b
Control number 21122402271501TXA The Concierge 2310 S Eldridge Pkwy Houston, TX 77077 Referred by: Jasmin Baleva 07/08/11-07/11/11					
	3 days	\$0.00	\$0.00	\$0.00	h,i

**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
Control number 21122101254004TXA Memorial Hermann Hospital System 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Miguel V. Miro Quesada						
08/01/11	Ct thorax w/dye (71260)	\$2,263.75	\$0.00	\$124.99	\$124.99	j k
	Ct abd&pelv 1+ section/regns (74178)	5,435.50	0.00	0.00	0.00	l
	LOCM 300-399mg/ml iodine, 1ml (Q9967)	424.00	0.00	0.00	0.00	l
	<b>Claim Total</b>	<b>\$8,123.25</b>	<b>\$0.00</b>	<b>\$124.99</b>	<b>\$124.99</b>	

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$5,673.14.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- c \$1,132.00 was applied to your inpatient deductible.

(continued)

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**Notes Section: (continued)**

- d The amount Medicare paid the provider for this claim is \$4,264.36.
- e The amount Medicare paid the provider for this claim is \$17,361.40.
- f The amount Medicare paid the provider for this claim is \$18,380.25.
- g This is an adjustment to a previously processed claim and/or deductible record.
- h You have 97 day(s) remaining of your total 100 days of skilled nursing facility benefits for this benefit period.
- i The amount Medicare paid the provider for this claim is \$649.86.
- j The amount Medicare paid the provider for this claim is \$499.92.
- k The following policies L26732 were used when we made this decision.
- l Payment is included in another service received on the same day.

**Deductible Information:**

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2011.

**General Information:**

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

**General Information (continued):**

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A  
P.O. Box 660155 Dallas, TX 75266-0155.  
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,  
Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.



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**General Information (continued):**

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

**Appeals Information - Part A (Inpatient) and Part B (Outpatient)**

**If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by January 26, 2012.**

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 following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC  
PO BOX 660155  
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_)\_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_



# Medicare Summary Notice

September 29, 2011


## CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call:

Call: 1-800-MEDICARE  
(1-800-633-4227) (18003)  
Ask for Medical Supplies

TTY (tele-typewriter) and TDD users only  
should call: 1-877-486-2048

  
 NELVA BRUNSTING  
 13630 PINEROCK LN  
 HOUSTON TX 77079-5914

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

This is a summary of claims processed from 07/01/2011 through 09/29/2011.

### 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 11202715906000						
<b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366</b>						
Referred by: RICHARD J POHIL						
07/20/11	1.0 Nebulizer with compression (E0570-RRKJKX) Rental	\$25.00	\$12.67	\$10.14	\$2.53	a
Claim number 11234767175000						
<b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366</b>						
Referred by: RICHARD J POHIL						
08/20/11	1.0 Nebulizer with compression (E0570-RRKJ) Rental	\$25.00	\$12.67	\$10.14	\$2.53	
Claim number 11178818584000						
<b>MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710</b>						
Referred by: ROBERT E WHITE						
06/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
06/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	

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

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11206816762000 <b>MED - CONNECT, 2200 CENTRAL PKWY,                      STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
07/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$28.74	\$22.99	\$5.75	b
07/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	173.31	138.65	34.66	b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	
Claim number 11234820178000 <b>MED-CONNECT, INC., 2200 CENTRAL PKWY,                      STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
08/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
08/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	
Claim number 11269824481000 <b>MED-CONNECT, INC., 2200 CENTRAL PKWY,                      STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
09/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$0.00	\$0.00	\$0.00	c,d
09/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	0.00	0.00	0.00	c,d
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Claim number 11241841359000 <b>ONCOLOGY CONSULTANTS, P.A, PO BOX 4827,                      HOUSTON, TX 77210-4827</b> Referred by: ALEX P NGUYEN						
08/25/11	1.0 Sup fee antiem,antica,immuno (Q0511)	\$24.00	\$24.00	\$19.20	\$4.80	
08/25/11	120.0 Medical service (WW093)	6,654.95	2,924.64	2,339.71	584.93	e
<b>Claim Total</b>		<b>\$6,678.95</b>	<b>\$2,948.64</b>	<b>\$2,358.91</b>	<b>\$589.73</b>	
Claim number 11251714283000 <b>SUN OPTIMUM SUPPLIES, 12834 MURPHY RD,                      STAFFORD, TX 77477-3902</b> Referred by: AJAY JAIN						
08/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKIKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	f

Your Medicare Number: XXX-XX-8905D

Page 3 of 4  
September 29, 2011**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS****(continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11251714451000						
SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902						
Referred by: AJAY JAIN						
07/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKHKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	f

**Notes Section:**

- a Payment is reduced by 25 percent beginning the 4th month of rental.
- b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- c This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- d You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "You may be billed" column.
- e The approved amount is based on a special payment method.
- f Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.

**Deductible Information:**

You have met the Part B deductible for 2011.

**General Information:**

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

**(continued)**

**General Information: (continued)**

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

**Appeals Information - Part B**

If you disagree with any claims decisions on this notice, your appeal must be received by **February 1, 2012**. 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 following address: CGS - DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_



## IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

**MEDICARE PART B MEDICAL INSURANCE:** Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*





NELVA E. BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
 (1-800-633-4227)(#04001)

**Ask for Hospital Services**

TTY for Hearing Impaired:1-877-486-2048

**BE INFORMED:** You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed on 09/13/2011.

**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
09/07/11	Control number 21125501338804TXA Memorial Hermann Hospital System 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Tse Yu Chest x-ray (71020)	\$478.00	\$0.00	\$8.96	\$8.96	a

**Notes Section:**

a The amount Medicare paid the provider for this claim is \$35.82.

**Deductible Information:**

You have met the Part B deductible for 2011.

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

922014 003953  
 0001 OF 0002

## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED** for Part A services includes:

- **an inpatient hospital deductible** once during each benefit period,
- **a coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- **a coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- **a blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- **an inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED** for Part B services includes:

- **an annual deductible**, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*CENTERS for MEDICARE & MEDICAID SERVICES*

## General Information:

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat levels and screenings to check for diabetes. Talk to your doctor or call 1-800-MEDICARE (1-800-633-4227) for more information.

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A  
P.O. Box 660155 Dallas, TX 75266-0155.  
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,  
Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.



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0002 OF 0002

**General Information (continued):**

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

**Appeals Information - Part B (Outpatient)**

**If you disagree with any claims decisions on this notice, your appeal must be received by April 19, 2012.**  
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 following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC  
PO BOX 660155  
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_



# Medicare Summary Notice

March 02, 2012

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
(1-800-633-4227) (#12901)

**Ask for Hospital Services**  
**TTY for Hearing Impaired: 1-877-486-2048**

188878 NELVA E BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed on 12/12/2011.

## 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
Control number 21132900277602PAM Select Specialty Hospital - Hou 1917 Ashland St Houston, TX 77008-3907 Referred by: Jerson Cadenas 11/05/11-11/11/11	6 days	\$0.00	\$0.00	\$0.00	a b

### Notes Section:

- a The amount Medicare paid the provider for this claim is \$7,492.31.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.

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

March 02, 2012

**Deductible Information:**

You have met the Part A deductible for this benefit period.

**General Information:**

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Medicare helps pay for many preventive services including flu and pneumococcal shots, tests for cancer, diabetes monitoring supplies and others. Call 1-800-MEDICARE (1-800-633-4227) for more information.

Colorectal cancer is second leading cancer killer in the United States. Medicare helps pay for colorectal screening tests. Talk to your doctor about screening options that are right for you.

Do you know how strong your bones are? Medicare helps pay for bone mass measurement tests to measure the strength of bones for people at risk of osteoporosis. Talk to your doctor to learn if this test is right for you.



March 02, 2012

**General Information (continued):**

Early detection is the best protection from breast cancer. Get a mammogram. Not just once, but for a lifetime. Medicare helps pay for screening mammograms.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

**Appeals Information - Part A (Inpatient)**

If you disagree with any claims decisions on this notice, your appeal must be received by **July 05, 2012**. 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 following address:

**HIGHMARK MEDICARE SERVICES  
MEDICARE A  
P.O. BOX 890122  
CAMP HILL, PA 17089-0122**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_

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## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

### **THE AMOUNT YOU MAY BE BILLED for PART A services includes:**

- **an independent hospital deductible** once during each benefit period,
- **a coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- **a coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- **a blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- **an inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

### **THE AMOUNT YOU MAY BE BILLED for PART B services includes:**

- **An annual deductible:** taken from the first Medicare Part B charges each year;
- After the deductible has been met for the year, depending on services received, a **coinsurance amount** (20 percent of the amount charged), or a **fixed copayment** for each service; and
- Charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

### **WHEN OTHER INSURANCE PAYS FIRST:**

All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

### **YOUR RIGHT TO APPEAL:**

If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare number,
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.



# Medicare Summary Notice

March 21, 2012

## CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**  
 TX

**Ask for Doctor Services**  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 12/22/2011 through 03/08/2012.

## 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 28-12077-806-110 <b>Abdul Ali, M.D.P.A., Ste 507, 8830 Long Point, Houston, TX 77055-3026</b> Referred by: Cadenas, Jerson Dr. Ali, Abdul						
11/07/11	1.0 Electrocardiogram report (93010)	\$35.00	\$8.93	\$7.14	\$1.79	
Claim number 28-12035-393-670 <b>Center For Travel Medicine A, Suite 155, 902 Frostwood Dr , Houston, TX 77024-2420</b> Dr. Mihi, Coralia N.						
11/06/11	1.0 Initial hospital care (99222)	\$133.92	\$133.92	\$107.14	\$26.78	a
11/07/11	1.0 Subsequent hospital care (99231)	38.84	38.84	31.07	7.77	a
11/08/11	1.0 Subsequent hospital care (99231)	38.84	38.84	31.07	7.77	a

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

## IMPORTANT INFORMATION

### You Should Know About Your Medicare Part B Benefits

**For more information about services covered by Medicare, please see your Medicare Handbook.**

#### **MEDICARE PART B MEDICAL INSURANCE:**

**Medicare Part B** helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, some health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

#### **WHEN OTHER INSURANCE PAYS FIRST: All**

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

#### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Dr. Mihi, Coralia N.						
11/09/11	1.0 Subsequent hospital care (99232)	70.08	70.08	56.06	14.02	a
	<b>Claim Total</b>	<b>\$281.68</b>	<b>\$281.68</b>	<b>\$225.34</b>	<b>\$56.34</b>	
<hr/> Claim number 39-12015-604-920 <b>Comprehensive Heart Care, Suite 630,</b> <b>925 Gressner , Houston, TX 77024-0000</b> Referred by: Tran, Minh A Dr. Tavackoli, Shahin M.D.						
11/07/11	1.0 Initial hospital care (99223)	\$375.00	\$196.45	\$157.16	\$39.29	
11/08/11	1.0 Subsequent hospital care (99232)	90.00	70.08	56.06	14.02	
11/09/11	1.0 Subsequent hospital care (99232)	90.00	70.08	56.06	14.02	
11/10/11	1.0 Subsequent hospital care (99232)	90.00	70.08	56.06	14.02	
11/11/11	1.0 Subsequent hospital care (99232)	90.00	70.08	56.06	14.02	
	<b>Claim Total</b>	<b>\$735.00</b>	<b>\$476.77</b>	<b>\$381.40</b>	<b>\$95.37</b>	
<hr/> Claim number 28-12065-213-450 <b>Houston Metropolitan CA, Associates LLP,</b> <b>902 Frostwood Suite 215 , Houston, TX 77024-0000</b> Dr. Manhas, Amit H.						
09/18/11	1.0 Electrocardiogram report (93010-76)	\$60.00	\$8.93	\$7.14	\$1.79	
<hr/> Claim number 28-12065-213-490 <b>Houston Metropolitan CA, Associates LLP,</b> <b>902 Frostwood Suite 215 , Houston, TX 77024-0000</b> Dr. Manhas, Amit H.						
09/18/11	1.0 Electrocardiogram report (93010)	\$60.00	\$8.93	\$7.14	\$1.79	

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## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-12061-107-950						
Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000						
Referred by: Cadenas, Jerson Dr. Manhas, Amit H.						
10/31/11	1.0 Subsequent hospital care (99232)	\$140.00	\$70.08	\$56.06	\$14.02	
Claim number 22-11343-186-590						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
Referred by: Cadenas, Jerson Dr. Jain, Ajay						
11/06/11	1.0 Subsequent hospital care (99233)	\$180.00	\$100.68	\$80.54	\$20.14	b
Claim number 39-12025-330-580						
Metroplex Pulmonary & Sleep, P O Box 1273, Addison, TX 75001-1273						
Dr. Kureishy, Shahrukh M.D.						
10/06/11	1.0 Pulmonary stress test/simple (94620-26) professional charge	\$299.00	\$30.07	\$24.06	\$6.01	
10/06/11	1.0 Lung function test (MBC/MVV) (94200-2659) professional charge	53.00	5.34	4.27	1.07	
10/06/11	1.0 Evaluation of wheezing (94060-2659) professional charge	133.00	14.38	11.50	2.88	
	<b>Claim Total</b>	<b>\$485.00</b>	<b>\$49.79</b>	<b>\$39.83</b>	<b>\$9.96</b>	
Claim number 39-12031-262-030						
Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418						
Referred by: Dr. Mauk, Paul M. Dr. Rakkhit, Ronjay M.D.						
10/14/11	1.0 Subsequent hospital care (99233)	\$160.00	\$100.68	\$80.54	\$20.14	

March 21, 2012

**Your Medicare Number: XXX-XX-8905D****PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 39-11350-344-800						
West Houston Radiology Assoc,						
P O Box 4346 Dept 125 , Houston, TX 77210-4346						
Referred by: Cadenas, Jerson						
Dr. Allen, Robert L. M.D.						
11/06/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	c
11/06/11	1.0 Us exam abdo back wall comp (76770-26) professional charge	152.00	37.09	29.67	7.42	
<b>Claim Total</b>		<b>\$190.00</b>	<b>\$46.02</b>	<b>\$36.81</b>	<b>\$9.21</b>	

**Notes Section:**

- a The approved amount is based on a special payment method.
- b The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- c This information is being sent to your private insurer(s). Send any questions regarding your benefits to them. Your private insurer(s) is UNITEDHEALTHCARE (SUPPLEMENTAL)

**Deductible Information:**

You have met the Part B deductible for 2011.

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

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**General Information (continued):**

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by July 24, 2012.** 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 following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_