



# Medicare Summary Notice

December 22, 2010

## 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:** Be sure you understand anything you are asked to sign.

This is a summary of claims processed from 09/27/2010 through 12/22/2010.

## 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 29-10278-707-620						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Hsu, David W. M.D.						
09/17/10	1.0 Emergency dept visit (99285)	\$748.00	\$179.66	\$143.73	\$35.93	
09/17/10	1.0 Electrocardiogram report (93010)	68.00	0.00	0.00	0.00	a,b,c d
09/17/10	1.0 Vital signs recorded (2010F)	0.00	0.00	0.00	0.00	e
09/17/10	1.0 O2 saturation doc rev (3028F)	0.00	0.00	0.00	0.00	e
09/17/10	1.0 Mental status assess (2014F)	0.00	0.00	0.00	0.00	e
	<b>Claim Total</b>	<b>\$816.00</b>	<b>\$179.66</b>	<b>\$143.73</b>	<b>\$35.93</b>	
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Claim number 29-10348-373-650						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Marconi, Andrea M.D.						
11/30/10	1.0 Emergency dept visit (99285)	\$748.00	\$179.66	\$143.73	\$35.93	
11/30/10	1.0 Electrocardiogram report (93010)	68.00	9.43	7.54	1.89	

EOB 175R(05/03)

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

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## IMPORTANT INFORMATION

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### 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:

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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

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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
11/30/10	1.0 12-lead ecg performed (3120F)	0.00	0.00	0.00	0.00	e
	<b>Claim Total</b>	<b>\$816.00</b>	<b>\$189.09</b>	<b>\$151.27</b>	<b>\$37.82</b>	
Claim number 29-10266-688-410 <b>Cardiology Assoc Of Houston, Suite 400,</b> <b>925 Gessner , Houston, TX 77024-2545</b> Referred by: Gidvani, Bhakti D Dr. Heine, Jon E.						
09/17/10	1.0 Initial hospital care (99223)	\$240.00	\$199.00	\$159.20	\$39.80	
	Dr. Heine, Jon E.					f
09/18/10	1.0 Subsequent hospital care (99233-25)	135.00	102.85	82.28	20.57	
09/18/10	1.0 Tte w/doppler, complete (93306-26) professional charge	130.00	72.18	57.74	14.44	
	Dr. Heine, Jon E.					
09/19/10	1.0 Subsequent hospital care (99232)	95.00	71.54	57.23	14.31	
	<b>Claim Total</b>	<b>\$600.00</b>	<b>\$445.57</b>	<b>\$356.45</b>	<b>\$89.12</b>	
Claim number 29-10343-111-110 <b>Cardiology Assoc Of Houston, Suite 400,</b> <b>925 Gessner , Houston, TX 77024-2545</b> Dr. Condara, Harold A. M.D.						
11/30/10	1.0 Initial hospital care (99223)	\$240.00	\$199.00	\$159.20	\$39.80	
	Dr. Condara, Harold A. M.D.					
12/02/10	1.0 Subsequent hospital care (99232)	95.00	71.54	57.23	14.31	
	Dr. Condara, Harold A. M.D.					
12/03/10	1.0 Subsequent hospital care (99232)	95.00	71.54	57.23	14.31	
	<b>Claim Total</b>	<b>\$430.00</b>	<b>\$342.08</b>	<b>\$273.66</b>	<b>\$68.42</b>	
Claim number 29-10344-284-420 <b>Cardiology Assoc Of Houston, Suite 400,</b> <b>925 Gessner , Houston, TX 77024-2545</b> Dr. Yeoman, Mark A.						
12/04/10	1.0 Subsequent hospital care (99232)	\$95.00	\$71.54	\$57.23	\$14.31	



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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
<b>Claim number 29-10337-779-960</b> <b>City Of Houston, PO Box 4945,</b> <b>Houston, TX 77210-4945</b>						
11/30/10	1.0 ALS1-emergency (A0427-RH)	\$621.89	\$0.00	\$0.00	\$621.89	g,b,h
11/30/10	2.0 Ground mileage (A0425-RH)	15.00	0.00	0.00	15.00	g,b,h
	<b>Claim Total</b>	<b>\$636.89</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$636.89</b>	
<hr/> <b>Claim number 22-10302-331-700</b> <b>Elizabeth Sue Thompson, 229 Harris Lane,</b> <b>Yantis, TX 75497-9730</b> Referred by: White, Robert E						
10/28/10	1.0 Measure airflow resistance (94360)	\$62.00	\$40.53	\$32.42	\$8.11	
10/28/10	1.0 Pulmonary stress test/simple (94620-59)	180.00	63.60	50.88	12.72	
10/28/10	1.0 Respiratory flow volume loop (94375-59)	60.00	35.79	28.63	7.16	
	<b>Claim Total</b>	<b>\$302.00</b>	<b>\$139.92</b>	<b>\$111.93</b>	<b>\$27.99</b>	
<hr/> <b>Claim number 32-10277-622-140</b> <b>Houston Progress Radio Assoc, 100,</b> <b>5301 Hollister , Houston, TX 77040-6132</b> Referred by: Gidvani, Bhakti D Dr. Severs Jr, Frederick J. M.D.						
09/17/10	1.0 Chest x-ray (71020-26) professional charge	\$41.00	\$11.67	\$9.34	\$2.33	
<hr/> <b>Claim number 32-10277-622-130</b> <b>Houston Progress Radio Assoc, 100,</b> <b>5301 Hollister , Houston, TX 77040-6132</b> Referred by: Gidvani, Bhakti D Dr. Attisha, Walid K.						
09/19/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.44	\$7.55	\$1.89	

**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 32-10277-622-120 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Gidvani, Bhakti D Dr. Mehta, Snehal D. M.D.						
09/20/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.44	\$7.55	\$1.89	
Claim number 22-10334-463-160 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Gidvani, Bhakti D Dr. Stroh, Brandon C. M.D.						
10/13/10	1.0 Pet image w/ct, full body (78816-26PI) professional charge	\$372.00	\$134.21	\$107.37	\$26.84	
Claim number 28-10348-753-470 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Marconi, Andrea Dr. Lee, Stephen						
11/30/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.44	\$7.55	\$1.89	
Claim number 28-10341-602-260 Medical Chest Associates PA, 902 Frostwood Suite 188 , Houston, TX 77024-2402 Dr. Jain, Ajay						
11/29/10	1.0 Office/outpatient visit, new (99205-25)	\$285.00	\$198.68	\$158.94	\$39.74	
11/29/10	1.0 Breathing capacity test (94010)	99.00	33.38	26.70	6.68	
	<b>Claim Total</b>	<b>\$384.00</b>	<b>\$232.06</b>	<b>\$185.64</b>	<b>\$46.42</b>	

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

<b>Dates of Service</b>	<b>Services Provided</b>	<b>Amount Charged</b>	<b>Medicare Approved</b>	<b>Medicare Paid Provider</b>	<b>You May Be Billed</b>	<b>See Notes Section</b>
Claim number 28-10348-409-180 Medical Chest Associates PA, 902 Frostwood Suite 188 , Houston, TX 77024-2402 Dr. Jain, Ajay						
11/30/10	1.0 Observation care (99218-A1)	\$115.00	\$66.32	\$53.06	\$13.26	f
Claim number 28-10348-407-940 Medical Chest Associates PA, 902 Frostwood Suite 188 , Houston, TX 77024-2402 Dr. Jain, Ajay						
12/01/10	1.0 Subsequent hospital care (99232)	\$140.00	\$71.54	\$57.23	\$14.31	f
12/02/10	1.0 Subsequent hospital care (99232)	140.00	71.54	57.23	14.31	
	<b>Claim Total</b>	<b>\$280.00</b>	<b>\$143.08</b>	<b>\$114.46</b>	<b>\$28.62</b>	
Claim number 28-10271-008-720 Memorial Cardiology Associat, Suite 900, 915 Gessner , Houston, TX 77024-0000 Referred by: Gidvani, Bhakti D Dr. Jacobson, Stuart A. M.D.						
09/17/10	1.0 Electrocardiogram report (93010)	\$60.00	\$9.43	\$7.54	\$1.89	
Claim number 32-10270-760-230 Memorial Cardiology Associat, Suite 900, 915 Gessner , Houston, TX 77024-0000 Referred by: Gidvani, Bhakti D Dr. Jacobson, Stuart A. M.D.						
09/18/10	1.0 Electrocardiogram report (93010)	\$60.00	\$9.43	\$7.54	\$1.89	
Claim number 22-10258-017-610 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Dr. Gidvani, Bhakti D. M.D.						
09/13/10	1.0 Office/outpatient visit, est (99214)	\$152.50	\$101.45	\$81.16	\$20.29	f

**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 22-10264-108-830 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Dr. Gidvani, Bhakti D. M.D.						
09/17/10	1.0 Initial hospital care (99223)	\$300.00	\$199.00	\$159.20	\$39.80	f
Claim number 22-10264-108-840 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Referred by: Gidvani, Bhakti D Dr. Pohil, Richard M.D.						
09/18/10	1.0 Critical care, first hour (99291)	\$404.00	\$226.43	\$181.14	\$45.29	f
Claim number 22-10264-108-850 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Referred by: Gidvani, Bhakti D Dr. Pohil, Richard M.D.						
09/19/10	1.0 Subsequent hospital care (99233)	\$155.00	\$102.85	\$82.28	\$20.57	f
Claim number 22-10271-253-560 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Dr. Gidvani, Bhakti D. M.D.						
09/20/10	1.0 Hospital discharge day (99239)	\$155.00	\$103.00	\$82.40	\$20.60	f
Claim number 22-10281-522-320 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Dr. Gidvani, Bhakti D. M.D.						
10/06/10	1.0 Office/outpatient visit, est (99214-25)	\$152.50	\$101.45	\$81.16	\$20.29	
10/06/10	1.0 Measure blood oxygen level (94760)	15.50	0.00	0.00	0.00	i,j,k
	<b>Claim Total</b>	<b>\$168.00</b>	<b>\$101.45</b>	<b>\$81.16</b>	<b>\$20.29</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 32-10295-134-990 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Dr. Gidvani, Bhakti D. M.D.						
10/20/10	1.0 Office/outpatient visit, est (99214-25)	\$152.50	\$101.45	\$81.16	\$20.29	f
10/20/10	1.0 Measure blood oxygen level (94760)	15.50	0.00	0.00	0.00	i,j,k
10/20/10	1.0 Chest x-ray (71020)	57.00	31.22	24.98	6.24	
	<b>Claim Total</b>	<b>\$225.00</b>	<b>\$132.67</b>	<b>\$106.14</b>	<b>\$26.53</b>	
Claim number 22-10319-125-470 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Dr. Gidvani, Bhakti D. M.D.						
11/11/10	1.0 Office/outpatient visit, est (99213)	\$102.00	\$67.77	\$54.22	\$13.55	f
Claim number 38-10336-355-630 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 Hodge, Deborah A.						
11/26/10	1.0 Office/outpatient visit, est (99214-25)	\$152.50	\$86.23	\$68.98	\$17.25	f
11/26/10	1.0 Chest x-ray (71020)	57.00	26.54	21.23	5.31	
11/26/10	1.0 Measure blood oxygen level (94760)	15.50	0.00	0.00	0.00	i,j,k
	<b>Claim Total</b>	<b>\$225.00</b>	<b>\$112.77</b>	<b>\$90.21</b>	<b>\$22.56</b>	
Claim number 28-10267-655-160 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 Dr. White, Robert E. M.D.						
09/17/10	1.0 Office/outpatient visit, est (99214-25)	\$170.00	\$101.45	\$81.16	\$20.29	
09/17/10	1.0 Electrocardiogram, complete (93000)	75.00	20.56	16.45	4.11	
	<b>Claim Total</b>	<b>\$245.00</b>	<b>\$122.01</b>	<b>\$97.61</b>	<b>\$24.40</b>	





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June 22, 2011

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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.

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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>	

ENF 1750(05/05)

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Centers for Medicare & Medicaid Services

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

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Claim number 22-11160-428-590 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 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	
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>	
<hr/> Claim number 58-10093-521-670 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 Dr. Mauk, Paul M.						
04/06/10	1.0 Office/outpatient visit est (99214)	\$129.00	\$99.26	\$79.41	\$19.85	
<hr/> Claim number 58-10138-215-450 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 Dr. Mauk, Paul M.						
05/17/10	1.0 Office/outpatient visit est (99213)	\$83.00	\$66.31	\$53.05	\$13.26	
<hr/> Claim number 58-10097-180-480 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 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	

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 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	

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



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0003 OF 0004

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
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	

**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.

**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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0004 OF 0004

**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



**NELVA E. BRUNSTING**  
**13630 PINEROCK**  
**HOUSTON TX 77079-5914**

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0001 OF 0003

**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

EDF 2119(07/06)

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



## 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 Syste 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	k
	Ct abd&pelv 1+ section/regns (74178)	5,435.50	0.00	0.00	0.00	l
	LOCM 300-399mg/ml iodine, lml (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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0003 OF 0003

**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: \_\_\_\_\_

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# Medicare Summary Notice

September 29, 2011

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**NELVA BRUNSTING**  
**13630 PINEROCK LN**  
**HOUSTON TX 77079-5914**

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

**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**

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,</b> <b>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,</b> <b>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,</b> <b>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.**

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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 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 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)

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Your Medicare Number: XXX-XX-8905D

**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 \_\_\_\_\_

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# Medicare Summary Notice

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December 21, 2011

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0001 of 0008NELVA 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) (#04402)**  
TX**Ask for Doctor Services**  
TTY for hearing impaired: 1-877-486-2048**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 09/22/2011 through 12/12/2011.

**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 29-11279-816-810						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Wade, Shawna						
09/24/11	1.0 Emergency dept visit (99283-25)	\$405.00	\$62.05	\$49.64	\$12.41	
09/24/11	1.0 Control of nosebleed (30901)	426.00	58.46	46.77	11.69	
	<b>Claim Total</b>	<b>\$831.00</b>	<b>\$120.51</b>	<b>\$96.41</b>	<b>\$24.10</b>	
-----						
Claim number 39-11315-214-250						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Chambers, Jeffrey J. M.D.						
10/30/11	1.0 Emergency dept visit (99285)	\$903.00	\$171.85	\$137.48	\$34.37	
10/30/11	1.0 Electrocardiogram report (93010)	82.00	8.93	7.14	1.79	
	<b>Claim Total</b>	<b>\$985.00</b>	<b>\$180.78</b>	<b>\$144.62</b>	<b>\$36.16</b>	a

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**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*

**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 22-11315-633-080 American Medical Response, Texas Inc P S Amb, P O Box 847343 , Dallas, TX 75284-7343						
11/05/11	1.0 bls (A0428-HH)	\$611.80	\$212.43	\$169.94	\$42.49	a
11/05/11	1.9 Ground mileage (A0425-HH)	23.28	13.03	10.42	2.61	
	<b>Claim Total</b>	<b>\$635.08</b>	<b>\$225.46</b>	<b>\$180.36</b>	<b>\$45.10</b>	
Claim number 22-11325-092-010 Comprehensive Heart Care, Suite 630, 925 Gressner , Houston, TX 77024-0000 Referred by: Jain, Ajay Dr. El Hafi, Salah E. M.D.						
10/30/11	1.0 Electrocardiogram report (93010)	\$20.00	\$8.93	\$7.14	\$1.79	
Claim number 39-11285-241-610 Elizabeth Sue Thompson, 229 Harris Lane, Yantis, TX 75497-9730 Referred by: White, Robert E						
10/06/11	1.0 Evaluation of wheezing (94070)	\$150.00	\$57.54	\$46.03	\$11.51	
10/06/11	1.0 Measure airflow resistance (94360)	62.00	42.47	33.98	8.49	
10/06/11	1.0 Pulmonary stress test/simple (94620-59)	180.00	61.14	48.91	12.23	
10/06/11	1.0 Respiratory flow volume loop (94375-59)	60.00	36.80	29.44	7.36	
	<b>Claim Total</b>	<b>\$452.00</b>	<b>\$197.95</b>	<b>\$158.36</b>	<b>\$39.59</b>	
Claim number 22-11292-381-330 Family Health Consultants, Ste 253, 902 Frostwood , Houston, TX 77024-0000 Dr. Hasnain, Syed Z. M.D.						
10/12/11	1.0 Initial hospital care (99223)	\$425.00	\$196.45	\$157.16	\$39.29	
10/13/11	1.0 Subsequent hospital care (99233)	275.00	100.68	80.54	20.14	
10/14/11	1.0 Hospital discharge day (99239)	315.00	102.25	81.80	20.45	
	<b>Claim Total</b>	<b>\$1,015.00</b>	<b>\$399.38</b>	<b>\$319.50</b>	<b>\$79.88</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 29-11293-832-950 Houston Arrhythmia Associate, 915 Gessner # 585 , Houston, TX 77024-0000 Referred by: Hasnain, Syed Z Dr. Dtil, Alexander F. M.D.						
10/12/11	1.0 Electrocardiogram report (93010)	\$9.21	\$8.93	\$7.14	\$1.79	
Claim number 29-11263-170-410 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
09/14/11	1.0 Office/outpatient visit est (99213)	\$140.00	\$69.41	\$55.53	\$13.88	
Claim number 32-11279-166-370 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
09/16/11	1.0 Initial hospital care (99223-25)	\$395.00	\$196.45	\$157.16	\$39.29	
09/17/11	1.0 Subsequent hospital care (99232)	140.00	70.08	56.06	14.02	
09/18/11	1.0 Subsequent hospital care (99231)	80.00	38.84	31.07	7.77	
09/19/11	1.0 Hospital discharge day (99238)	140.00	69.62	55.70	13.92	
	<b>Claim Total</b>	<b>\$755.00</b>	<b>\$374.99</b>	<b>\$299.99</b>	<b>\$75.00</b>	
Claim number 32-11279-166-380 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
09/16/11	1.0 Extremity study (93970-26) professional charge	\$250.00	\$35.17	\$28.14	\$7.03	

**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 32-11279-166-390 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
09/16/11	1.0 Tte w/doppler complete (93306-26) professional charge	\$1,100.00	\$68.14	\$54.51	\$13.63	
Claim number 32-11286-774-200 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
10/10/11	1.0 Office/outpatient visit est (99213-25)	\$140.00	\$69.41	\$55.53	\$13.88	
Claim number 28-11292-115-460 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
10/12/11	1.0 Initial hospital care (99222)	\$270.00	\$133.92	\$107.14	\$26.78	
10/13/11	1.0 Subsequent hospital care (99232)	140.00	70.08	56.06	14.02	
10/14/11	1.0 Subsequent hospital care (99231)	80.00	38.84	31.07	7.77	
	<b>Claim Total</b>	<b>\$490.00</b>	<b>\$242.84</b>	<b>\$194.27</b>	<b>\$48.57</b>	
Claim number 22-11315-244-660 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Referred by: Cadenas, Jerson Dr. Haas, Philip						
11/04/11	1.0 Subsequent hospital care (99232)	\$140.00	\$70.08	\$56.06	\$14.02	
11/05/11	1.0 Subsequent hospital care (99232)	140.00	70.08	56.06	14.02	
	<b>Claim Total</b>	<b>\$280.00</b>	<b>\$140.16</b>	<b>\$112.12</b>	<b>\$28.04</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 22-11335-540-310 Houston Nephrology Group PA, 915 Gessner #360, Houston, TX 77024-2527 Referred by: Cadenas, Jerson Dr. Velasco, Ariel						
11/06/11	1.0 Initial hospital care (99223)	\$225.00	\$196.45	\$157.16	\$39.29	a
Claim number 22-11335-540-320 Houston Nephrology Group PA, 915 Gessner #360, Houston, TX 77024-2527 Referred by: Cadenas, Jerson Dr. Velasco, Ariel						
11/07 - 11/11	5.0 Subsequent hospital care (99232)	\$650.00	\$350.40	\$280.32	\$70.08	a
Claim number 22-11259-914-340 Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 Referred by: Yu, Tse-Kuan Dr. Tsai, Jamie M.D.						
09/07/11	1.0 Chest x-ray (71020-26) professional charge	\$41.00	\$10.98	\$8.78	\$2.20	c
Claim number 28-11297-245-720 Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 Referred by: Manhas, Amit H Dr. Klekers, Albert						
09/17/11	1.0 Us exam, abdom, complete (76700-26) professional charge	\$148.00	\$40.51	\$32.41	\$8.10	a

**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 28-11311-027-260 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Rakkhit, Ronjay Dr. Lee, Stephen						
10/14/11	1.0 Ct abd & pelvis (74176-26) professional charge	\$502.00	\$85.58	\$68.46	\$17.12	a
10/14/11	1.0 Ct thorax w/o dye (71250-26) professional charge	262.00	51.47	41.18	10.29	
	<b>Claim Total</b>	<b>\$764.00</b>	<b>\$137.05</b>	<b>\$109.64</b>	<b>\$27.41</b>	
Claim number 29-11318-293-430 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cadenas, Jerson Dr. Chauvin, Dean P. M.D.						
10/31/11	1.0 Puncture peritoneal cavity (49080)	\$361.00	\$70.58	\$56.46	\$14.12	
10/31/11	1.0 Echo guide for biopsy (76942-26) professional charge	155.00	34.01	27.21	6.80	
	<b>Claim Total</b>	<b>\$516.00</b>	<b>\$104.59</b>	<b>\$83.67</b>	<b>\$20.92</b>	
Claim number 29-11318-294-060 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cadenas, Jerson Dr. Raza, Syed A. M.D.						
11/05/11	1.0 Insert picc cath (36569)	\$305.00	\$96.12	\$76.90	\$19.22	
11/05/11	1.0 Diagnostic x-ray (77001-26) professional charge	200.00	19.61	15.69	3.92	
11/05/11	1.0 Us guide vascular access (76937-2659) professional charge	125.00	15.51	12.41	3.10	
11/05/11	1.0 Radxps in end rpt4fluro pxd (6045F-8P)	0.01	0.00	0.00	0.00	d
	<b>Claim Total</b>	<b>\$630.01</b>	<b>\$131.24</b>	<b>\$105.00</b>	<b>\$26.24</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 28-11327-118-330						
Inpatient Consultants Of Tex, PO Box 92729, Los Angeles, CA 90009-2729						a
Dr. Cadenas, Jerson						
10/31/11	1.0 Initial hospital care (99223-AI)	\$393.00	\$196.45	\$157.16	\$39.29	
Dr. Cadenas, Jerson						
11/01/11	1.0 Subsequent hospital care (99233)	201.00	100.68	80.54	20.14	
Dr. Cadenas, Jerson						
11/02/11	1.0 Subsequent hospital care (99233)	201.00	100.68	80.54	20.14	
Dr. Cadenas, Jerson						
11/04/11	1.0 Subsequent hospital care (99233)	201.00	100.68	80.54	20.14	
<b>Claim Total</b>		<b>\$996.00</b>	<b>\$498.49</b>	<b>\$398.78</b>	<b>\$99.71</b>	
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Claim number 28-11327-118-510						
Inpatient Consultants Of Tex, PO Box 92729, Los Angeles, CA 90009-2729						a
Dr. Jamison, Nicole M.						
11/03/11	1.0 Subsequent hospital care (99233)	\$201.00	\$100.68	\$80.54	\$20.14	
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Claim number 28-11327-117-850						
Inpatient Consultants Of Tex, PO Box 92729, Los Angeles, CA 90009-2729						a
Dr. Navarro, Romel L. M.D.						
11/06/11	1.0 Initial hospital care (99223-AI)	\$393.00	\$196.45	\$157.16	\$39.29	
Dr. Navarro, Romel L. M.D.						
11/11/11	1.0 Subsequent hospital care (99233)	201.00	100.68	80.54	20.14	
<b>Claim Total</b>		<b>\$594.00</b>	<b>\$297.13</b>	<b>\$237.70</b>	<b>\$59.43</b>	
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Claim number 28-11327-118-560						
Inpatient Consultants Of Tex, PO Box 92729, Los Angeles, CA 90009-2729						a
Dr. Jamison, Nicole M.						
11/07/11	1.0 Subsequent hospital care (99233)	\$201.00	\$100.68	\$80.54	\$20.14	
Dr. Jamison, Nicole M.						
11/08/11	1.0 Subsequent hospital care (99233)	201.00	100.68	80.54	20.14	
<b>Claim Total</b>		<b>\$402.00</b>	<b>\$201.36</b>	<b>\$161.08</b>	<b>\$40.28</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 28-11327-118-370 Inpatient Consultants Of Tex, PO Box 92729, Los Angeles, CA 90009-2729 <span style="float: right;">a</span>						
11/09/11	1.0 Subsequent hospital care (99233) Dr. Cadenas, Jerson	\$201.00	\$100.68	\$80.54	\$20.14	
11/10/11	1.0 Subsequent hospital care (99233) Dr. Cadenas, Jerson	201.00	100.68	80.54	20.14	
	<b>Claim Total</b>	<b>\$402.00</b>	<b>\$201.36</b>	<b>\$161.08</b>	<b>\$40.28</b>	
Claim number 28-11318-359-110 Kelsey Seybold Medical, P O Box 840786, Dallas, TX 75284-0786 <span style="float: right;">a</span>						
11/05/11	1.0 Hospital discharge day (99238) Dr. Austin Tolliver, F. L. M.D.	\$203.00	\$69.62	\$55.70	\$13.92	
Claim number 28-11265-028-940 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 <span style="float: right;">c</span>						
05/19/11	1.0 MD certification HHA patient (G0180) Dr. Keith, George T.	\$120.00	\$53.22	\$42.58	\$10.64	
07/20/11	1.0 MD recertification HHA PT (G0179) Dr. Keith, George T.	90.00	40.56	32.45	8.11	
	<b>Claim Total</b>	<b>\$210.00</b>	<b>\$93.78</b>	<b>\$75.03</b>	<b>\$18.75</b>	
Claim number 28-11276-137-440 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 <span style="float: right;">c,a</span>						
09/17/11	1.0 Critical care, first hour (99291) Referred by: Manhas, Amit H Dr. Tran, Minh A. M.D.	\$415.00	\$220.04	\$176.03	\$44.01	
09/18/11	1.0 Subsequent hospital care (99231) Dr. Tran, Minh A. M.D.	105.00	38.84	31.07	7.77	
	<b>Claim Total</b>	<b>\$520.00</b>	<b>\$258.88</b>	<b>\$207.10</b>	<b>\$51.78</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 28-11298-919-120 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 Dr. Jain, Ajay						
09/26/11	1.0 Pt vis doc use EHR cer ATCB (G8447)	\$0.01	\$0.00	\$0.00	\$0.00	d
09/26/11	1.0 Office/outpatient visit est (99214)	140.00	102.94	82.35	20.59	
09/26/11	1.0 Doc cur meds by prov (G8427)	0.00	0.00	0.00	0.00	d
09/26/11	1.0 Tobacco non-user (1036F)	0.00	0.00	0.00	0.00	d
	<b>Claim Total</b>	<b>\$140.01</b>	<b>\$102.94</b>	<b>\$82.35</b>	<b>\$20.59</b>	
<hr/> Claim number 22-11322-314-410 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 Referred by: Cadenas, Jerson Dr. Tran, Minh A. M.D.						
11/07 - 08/11	2.0 Subsequent hospital care (99232)	\$280.00	\$140.16	\$112.13	\$28.03	
11/09 - 10/11	2.0 Subsequent hospital care (99232)	280.00	140.16	112.13	28.03	
11/11/11	1.0 Subsequent hospital care (99232)	140.00	70.08	56.06	14.02	
	<b>Claim Total</b>	<b>\$700.00</b>	<b>\$350.40</b>	<b>\$280.32</b>	<b>\$70.08</b>	
<hr/> Claim number 22-11255-588-960 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
09/07/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/07/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
09/07/11	1.0 Radiation tx management, x5 (77427)	1,000.00	182.54	146.03	36.51	
09/07/11	1.0 Radiation physics consult (77336)	500.00	51.95	41.56	10.39	
	<b>Claim Total</b>	<b>\$4,650.00</b>	<b>\$941.46</b>	<b>\$753.16</b>	<b>\$188.30</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 29-11258-629-700 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
09/08/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/08/11	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 29-11258-629-580 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
09/09/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/09/11	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 22-11259-315-190 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
09/13/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/13/11	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 29-11263-481-180 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V Dr. Yu, Tse-Kuan M.D.						
09/14/11	1.0 Ct scan for therapy guide (77014)	\$650.00	\$191.24	\$152.99	\$38.25	
09/14/11	1.0 Radiation tx delivery imrt (77418)	2,500.00	515.73	412.58	103.15	
09/14/11	1.0 Radiation tx management, x5 (77427)	1,000.00	182.54	146.03	36.51	

**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
09/14/11	1.0 Radiation physics consult (77336)	500.00	51.95	41.56	10.39	
	<b>Claim Total</b>	<b>\$4,650.00</b>	<b>\$941.46</b>	<b>\$753.16</b>	<b>\$188.30</b>	
<p>Claim number 22-11256-389-640                      Oncology Consultants, P. A., PO Box 4418,                      Houston, TX 77210-4418                      Referred by: Dr. Mauk, Paul M.                      Dr. Nguyen, Alex P. M.D.</p>						
09/02/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	
09/02/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
	<b>Claim Total</b>	<b>\$173.00</b>	<b>\$80.35</b>	<b>\$66.47</b>	<b>\$13.88</b>	
<p>Claim number 38-11271-146-680                      Oncology Consultants, P. A., PO Box 4418,                      Houston, TX 77210-4418                      Referred by: Dr. Mauk, Paul M.                      Dr. Belcheva, Anna M.D.</p>						
09/17/11	1.0 Subsequent hospital care (99233)	\$160.00	\$100.68	\$80.54	\$20.14	
<p>Claim number 39-11284-291-500                      Oncology Consultants, P.A., PO Box 4418,                      Houston, TX 77210-4418                      Referred by: Dr. Mauk, Paul M.                      Dr. Nguyen, Alex P. M.D.</p>						
09/19/11	1.0 Subsequent hospital care (99233)	\$160.00	\$100.68	\$80.54	\$20.14	
<p>Claim number 39-11284-293-960                      Oncology Consultants, P.A., PO Box 4418,                      Houston, TX 77210-4418                      Referred by: Dr. Mauk, Paul M.                      Dr. Nguyen, Alex P. M.D.</p>						
09/28/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	
09/28/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
09/28/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	e

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

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0007 of 0008

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
09/28/11	1.0 Prothrombin time (85610)	28.00	5.53	5.53	0.00	e
	<b>Claim Total</b>	<b>\$216.00</b>	<b>\$88.88</b>	<b>\$75.00</b>	<b>\$13.88</b>	
<hr/> <p>Claim number 39-11285-226-560  <b>Oncology Consultants, P.A., PO Box 4418,</b>  <b>Houston, TX 77210-4418</b>                      Referred by: Dr. Mauk, Paul M.                      Dr. Nguyen, Alex P. M.D.</p>						
09/28/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$0.00	\$0.00	\$0.00	f
09/28/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	0.00	0.00	0.00	f
09/28/11	1.0 Routine venipuncture (36415)	15.00	0.00	0.00	0.00	g
09/28/11	1.0 Prothrombin time (85610)	28.00	0.00	0.00	0.00	f
	<b>Claim Total</b>	<b>\$216.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<hr/> <p>Claim number 39-11300-207-850  <b>Oncology Consultants, P.A., PO Box 4418,</b>  <b>Houston, TX 77210-4418</b>                      Referred by: Dr. Mauk, Paul M.                      Dr. Nguyen, Alex P. M.D.</p>						
10/17/11	1.0 Office/outpatient visit est (99214)	\$210.00	\$102.94	\$82.35	\$20.59	
10/17/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
10/17/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	e
10/17/11	1.0 Prothrombin time (85610)	28.00	5.53	5.53	0.00	e
	<b>Claim Total</b>	<b>\$291.00</b>	<b>\$122.41</b>	<b>\$101.82</b>	<b>\$20.59</b>	
<hr/> <p>Claim number 39-11306-202-510  <b>Oncology Consultants, P.A., PO Box 4418,</b>  <b>Houston, TX 77210-4418</b>                      Referred by: Dr. Mauk, Paul M.                      Dr. Nguyen, Alex P. M.D.</p>						
10/24/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	
10/24/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	e
10/24/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	e
10/24/11	1.0 Prothrombin time (85610)	28.00	5.53	5.53	0.00	e
	<b>Claim Total</b>	<b>\$216.00</b>	<b>\$88.88</b>	<b>\$75.00</b>	<b>\$13.88</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 58-11201-064-620						
Walgreen CO, PO Box 90482, Chicago, IL 60696-0482						
09/29/09	1.0 Flu vaccine 3 yrs & > im (90658)	\$6.99	\$6.99	\$6.99	\$0.00	e,h
09/29/09	1.0 Admin influenza virus vac (G0008)	18.00	18.00	18.00	0.00	e,h
	<b>Claim Total</b>	<b>\$24.99</b>	<b>\$24.99</b>	<b>\$24.99</b>	<b>\$0.00</b>	

**Notes Section:**

- a 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)
- b Your claim was separated for processing. The remaining services may appear on a separate notice.
- 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 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.
- e This service is paid at 100 percent of the Medicare approved amount.
- f This is a duplicate of a charge already submitted.
- g This allowance has been reduced by the amount previously paid for a related procedure.
- h The approved amount is based on a special payment method.


**Deductible Information:**

You have met the Part B deductible for 2009.

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.

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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 April 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 \_\_\_\_\_





# Medicare Summary Notice

December 27, 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

JC

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

This is a summary of claims processed from 09/28/2011 through 12/27/2011.

### 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 11297792108000						
MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: ROBERT E WHITE						
10/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$0.00	\$0.00	\$0.00	a,b
10/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	0.00	0.00	0.00	a,b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Claim number 11301772375000						
MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: AJAY JAIN						
09/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$28.74	\$22.99	\$5.75	d
09/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	173.31	138.65	34.66	d
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	
Claim number 11322770950000						
MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: AJAY JAIN						
10/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	d
10/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	d
<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.**

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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 11264803432000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
09/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKIKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	e
Claim number 11299705076000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
10/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKJKX) Rental	\$150.00	\$95.24	\$76.19	\$19.05	f
Claim number 11270737453000 WALGREEN CO, PO BOX 90482, CHICAGO, IL 60696-0482 Referred by: AJAY JAIN						
09/06-10/05/11	449.0 Albuterol non-comp unit (J7613-KO)	\$131.97	\$30.08	\$24.06	\$6.02	g
09/06/11	1.0 Disp fee inhal drugs/30 days (Q0513)	33.00	33.00	26.40	6.60	
	<b>Claim Total</b>	<b>\$164.97</b>	<b>\$63.08</b>	<b>\$50.46</b>	<b>\$12.62</b>	

**Notes Section:**

- a This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- b 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.
- c We have sent your claim to UNITEDHEALTHCARE (SUPPLEMENTAL). Send any questions regarding your benefits to them.
- d 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.
- e 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.
- f Payment is reduced by 25 percent beginning the 4th month of rental.
- g The approved amount is based on a special payment method.

**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.

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.

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.



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Your Medicare Number: XXX-XX-8905D

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December 27, 2011

### Appeals Information - Part B

If you disagree with any claims decisions on this notice, your appeal must be received by **April 30, 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 \_\_\_\_\_

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BRUNSTING001784

**CMS** Medicare Summary Notice  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
 February 07, 2012



NELVA E. BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

HHH

**CUSTOMER SERVICE INFORMATION**

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

If you have questions, call 1-800-Medicare  
 (1-877-220-6289) (#15004)

**Ask for Hospital Services**  
 TTY for Hearing Impaired: 1-855-294-9889

**Appeals Address:**  
 Please see the General Information Section

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**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 12/15/2011.

**HOME HEALTH CARE**

Dates of Service	Number of Services Provided	Amount Charged	Non-Covered Charges	Coinsurance	You May Be Billed	See Notes Section
Control number 21134000727902TXR						
<b>Girling Health Care, Inc.</b>						a,b,c
6700 West S Loop 200 Bellaire, TX 77401-4120						
Referred by: Ajay Jain						
09/14/11-11/11/11	57 Med-Sur Supplies	\$243.96	\$0.00	\$0.00	\$0.00	
	7 Physical Therp	1,225.00	0.00	0.00	0.00	
	11 Skilled Nursing	1,760.00	0.00	0.00	0.00	
	<b>Claim Total</b>	<b>\$3,228.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Notes Section:**

a. What Medicare pays for a service or item may be higher than the billed amount. The Medicare payment amount is correct. Medicare pays this provider less than the billed amount on other claims since payment rates are set in advance for certain services and averaged out over an entire year.

b The amount Medicare paid the provider for this claim is \$3,804.75.

(continued)

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

## 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 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.

**CENTERS for MEDICARE & MEDICAID SERVICES**

**Notes Section: (continued)**

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



**General Information:**

Medicare may pay for services that you get while on board a ship within the territorial waters of the United States. In rare cases, Medicare may pay for inpatient hospital, doctor, or ambulance services you get if you are traveling through the territorial waters of Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency. Medicare won't pay for this service since you didn't meet these requirements.

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 are not 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 receive a monthly statement in the mail for these types of MSNs. You will now receive a statement every 90 days summarizing all of your Medicare claims. You may receive a bill from your provider before you receive an MSN. Please compare the MSN with the bill from your provider to ensure you paid the appropriate amount for your services.

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.

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts what Medicare pays.

**NOTICE:** Please send written appeal requests to:  
J15 - HHH Correspondence, CGS Administrators, LLC, PO Box 20014, Nashville,  
TN 37202. This address is only for appeals requests and not general  
correspondence. For a general inquiry address please call: 1-800-MEDICARE

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**General Information (continued):**

Starting July 1, 2008, you may have to use certain Medicare-contracted suppliers to get certain medical equipment and supplies. To find out which suppliers you can use, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE

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.

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.

This is an adjustment to a previously processed claim and/or deductible record.

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

If you disagree with any claims decisions on this notice, your appeal must be received by **June 11, 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 J15 MAC - HHH REGION  
HHH CORRESPONDENCE  
P O BOX 20014  
NASHVILLE, TN 37202**

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

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