




MSN Guide:

MSN 指南:

How to Read Your

Medicare Summary Notice

如何解讀您的醫療保險通知單



Medicare Summary Notice

June 16, 2006

1

2 CUSTOMER SERVICE INFORMATION

3

Your Medicare Number: 111-11-1111-A

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

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Hospital Services
 TTY users should call: 1-877-486-2048.

4 Name
 Street Address
 City, State ZIP Code

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

This is a summary of claims processed from 5/15/06 through 8/15/06.

6 **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
7 Claim number 12345-84956-84556 8 Hospital Name, Street Address, City, State ZIP Code 9 Referred by: Paul Jones, M.D. 04/07/06-05/09/06	10 14 days used	11 \$0.00	12 \$876.00	13 \$876.00	14 a, b

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

MSN Guide MSN 指南:

How to Read Your Medicare Summary Notice

如何解讀您的醫療保險通知單

This *MSN Guide: How to Read Your Medicare Summary Notice* was designed to help you read and understand the Medicare Summary Notice. The Medicare Summary Notice or MSN is a quarterly statement received by each Medicare beneficiary that lists health insurance claims. **It is not a bill. No money should be sent to Medicare. In addition, money should not be sent to the providers of service until a bill is received and verified accurate. If you have a Medicare Part D prescription drug plan you will receive a monthly Explanation of Benefits (EOB) directly from the plan.**

MSN指南：每三個月，每一位醫療保險的承保人都會收到一份通知單(MSN)列出健康保險的理賠項目。這不是帳單！您不需要付任何款項。另外，除非您收到帳單並核對無誤，您也不需要付錢給醫療機構、診所或醫院。如果您有使用醫療保險D部分處方藥物，每個月您會直接收到補助說明(EOB)。

It is important to read your MSN carefully. Make sure the services, medical equipment or supplies for which Medicare was billed were received. If you have any questions, contact 1-800-Medicare (1-800-633-4227). If you disagree with the claims decision, you have the right to file an appeal. Follow the instructions on the MSN to file an appeal. To order additional copies of this guide, contact the Hawaii Senior Medicare Patrol Project (SMP Hawaii) at (808) 586-7281 or 1-800-296-9422.

您應該詳細閱讀您的「醫療保險」通知單 (MSN)。核對列出的醫療服務、檢查以及儀器設備無誤。如果您有任何問題，請撥打 1-800-Medicare (1-800-633-4227)。如果您不同意所列出的服務及費用，您有權上訴。請按照 MSN 的指示進行。若您需要額外的刊物，請聯繫夏威夷老年醫療保險防止詐騙隊(SMP Hawaii) 電話 (808) 586-7281 或 1-800-296-9422。

Protect yourself from Medicare errors, fraud, and abuse. Here are some ways to take an active role in protecting your healthcare benefits:

保護自己免於落入健保資料錯誤、詐騙及濫用。

以下有幾個方法可確保您的健保權益：

- Treat your Medicare, Medicaid and Social Security numbers like a credit card number. Never give these numbers to a stranger.

視您的醫療保險、醫療補助(Medicaid)及社會安全號碼(Social Security)像信用卡卡號一樣。絕對不要輕易將這些號碼給陌生人。

- Record doctor visits, tests, and procedures in your personal health care journal (PHJ) or calendar.

紀錄每次去看醫生、接受檢測和手術在個人健保日誌 (PHJ) 或日曆上。

- Remember, Medicare doesn't call or visit to sell you anything.

記住：紅藍卡的 Medicare 部門絕不會打電話或登門推銷任何東西。

- Don't be fooled – if it sounds too good to be true, it probably is.

切莫上當 – 如果人家說得天花亂墜，那可能就是騙人的。

- Save Medicare Summary Notices and Part D Explanation of Benefits. Shred the documents when they are no longer useful.

保留您的「醫療保險」通知單 (MSN) 及 D 部分的補助說明 (EOB)。不再需要時，請用碎紙機裁掉。

Detect – Learn to detect potential errors, fraud and abuse.

檢查 – 學習去察覺無心之失的錯誤、或者可能的詐騙及濫用。

Here are some steps you can take to detect potential errors, fraud and abuse:

您可以利用以下幾個步驟檢查無心之失的錯誤、詐騙及濫用。

- Always review your Medicare Summary Notice (MSN) and Part D Explanation of Benefits (EOB) for mistakes.

務必要確實核對您的「醫療保險」通知單 (MSN) 及 D 部分的補助說明 (EOB)。

- Compare your MSN and EOB to your personal health care journal and prescription receipts to make sure they are correct.

收到「醫療保險」通知單 (MSN) 及 D 部分的補助說明 (EOB) 後，請對照您所記錄的看診時間及處方藥物收據，以確認正確無誤。

- Look for three things in your billing statement: 注意帳單上有無以下三項錯誤：

1. Charges for something you didn't get
索取您未使用過的醫療服務費用。
2. Billing for the same thing twice
重複收費。
3. Services that were not ordered by your doctor
列出您的醫生並未開立的處方藥物或醫療服務。

Report - If you suspect that you have been a target of errors, fraud, and abuse, report it.

舉報 – 如果您懷疑自己成為醫療詐欺和濫用的目標時，即時向相關單位舉報。

You may prevent other people from becoming victims and help to save your Medicare benefits.

這樣一來可以避免其他人成為受害者，也可以避免您的醫療福利被濫用。

Here are some steps you should take to report your concerns:

請用以下步驟舉報：

- If you have questions about information on your MSN or Part D Explanation of Benefits, **call your provider or plan first.**
如果您有任何關於「醫療保險」通知單 (MSN) 及 D 部分的補助說明 (EOB) 的問題，應該先連絡您的醫務人員或醫療保險公司。
- Call **1-800-MEDICARE** (1-800-633-4227)
Website: www.medicare.gov
- 撥打 **1-800-MEDICARE** (1-800-633-4227)
網站: www.medicare.gov
- If you are not comfortable calling your provider or plan or you are not satisfied with the response you get, call the Hawaii Senior Medicare Patrol (SMP Hawaii) at 808-586-7281 or 1-800-296-9422 toll free or write to:
如果您不方便聯絡您的醫務人員或醫療保險公司，或是不滿意他們的回應，請聯繫夏威夷老年健保防止詐騙隊 (SMP Hawaii) 電話 808-586-7281、免付費電話 1-800-296-9422，或寫信至：
SMP Hawaii
Executive Office on Aging
State of Hawaii
250 S. Hotel St., Suite 406
Honolulu, HI 96813
- Call Sage PLUS, Hawaii's **SHIP** (Senior Health Insurance Information Program) at 808-286-7299 or 1-888-875-9229.
撥打夏威夷老人健康保險資訊計劃 808-286-7299 或 1-888-875-9229.
- **Office of Inspector General Hotline**
1-800-HHS-TIPS (1-800-447-8477)
督察長專線 1-800-HHS-TIPS (1-800-447-8477)

Remember to Protect, Detect and Report

記住：要防範、檢查、舉報!

Remember to Protect, Detect and Report
保護、檢查、舉報!
Medicare Summary Notice Guide

醫療保險通告通知單

How to Read Your Medicare Summary Notice (MSN) - Part A

如何解讀您的醫療保險通知單- A 部分

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

以下是如何解讀醫療保險通知單(MSN)-A 部分的資料及服務。MSN 不是帳單。收到帳單之前，請勿支付任何款項。

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Summary Notice 1
June 16, 2006

2 CUSTOMER SERVICE INFORMATION

4 Name
Street Address
City, State ZIP Code

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

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

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

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Hospital Services
TTY users should call: 1-877-486-2048.

This is a summary of claims processed from 5/15/06 through 8/15/06.

6 PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12345-84956-84556	10	11	12	13	14
Hospital Name, Street Address, City, State ZIP Code					
Referred by: Paul Jones, M.D.					
04/07/06-05/09/06	14 days used	\$0.00	\$876.00	\$876.00	a, b

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

1. **Date:** Date MSN was sent.
日期：醫療保險通知單(MSN) 寄出的日期
2. **Customer Service Information:** Who to contact with questions about the MSN and your Medicare number.
客服資訊：詢問有關 MSN 或醫療保險號碼問題。
3. **Medicare Number:** The number on your Medicare card.

醫療保險號碼：您保險卡的號碼。

4. **Name and Address:** If incorrect, contact the company listed in (2), and the Social Security Administration immediately.
姓名和地址：若有失誤，請立即聯絡列於項目(2)的工作人員及社會安全局。
5. **Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
注意：您應如何保護自己及醫療保險以免落入詐騙或濫用。
6. **Part A Hospital Insurance - Inpatient Claims:** Type of service. See the back of MSN for additional information.
(**Please Note:** For outpatient services, this section is called "**Part B Medical Insurance - Outpatient Facility Claims.**")
A 部分 醫院保險—住院病人的理賠：請參考 MSN 背面的補充資訊。(請注意：門診病人的服務是列在"**B 部分醫療保險—門診醫療理賠。**"))
7. **Claim Number:** Number that identifies this specific claim.
理賠編號：每一理賠項目有其特定編號。
8. **Provider's Name and Address:** Facility's name and billing address. The referring doctor's name will also be shown. The address shown is the billing address, which may be different from where you receive the service(s).
醫療服務的提供者名稱及地址：列出醫療機構的名稱及帳單地址，並有轉介醫生的名字。帳單地址是郵寄帳單的地址，或許會和您接受醫療服務的機構地址不同。
9. **Dates of Service:** Dates service was provided. You may use these dates to compare with the dates shown on your hospital bill.
服務日期：您可以利用醫療服務的日期來對照醫院帳單的上的日期。
10. **Benefit Days Used:** Shows the number of days used in the benefit period. See the back of your MSN for an explanation of benefit periods. (**Please Note:** For outpatient services, this column is called "**Amount Charged.**")
日數：於承保期間您已使用的日數。請參閱 MSN 背面有關承保期間的解釋說明。(請注意：若您只接受門診服務，這一欄的名稱是"**應繳費用**"。)
11. **Non-Covered Charges:** Shows the charges for services denied or excluded by the Medicare program for which you may be billed.
自付費用：醫療保險不包括的服務項目，這些費用您需自行支付。
12. **Deductible and Coinsurance:** The amount applied to your deductible and coinsurance.
扣款額 及共保：適用於您的可扣除額及共保部分。
13. **You May Be Billed:** The total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
須付費用：這是您需支付的費用，包含 扣款額、共保及醫療保險不包括的費用。聯邦醫療保險的差額保險(Medigap)可能會幫您支付全部或部分費用。
14. **See Notes Section:** If letter appears, refer to (15) for explanation.
備註事項：若有任何註記，請參考列於項目(15)的解釋說明。

15

Notes Section:

- a You have 46 full days remaining in this benefit period.
- b \$876.00 was applied to your inpatient deductible.

16

Deductible Information:

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

17

General Information:

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

18

Appeals Information - Part A (Inpatient)

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

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone Number (____) _____

15. **Notes Section:** Explains letters in (14) for more detailed information about your claim.

備註事項：關於列於項目(14)理賠的詳細解釋。

16. **Deductible Information:** How much of your deductible you have met for the benefit period.

扣款額：於承保期間您已使用的扣款額。

17. **General Information:** Important Medicare news and information.

一般資訊：重要的醫療保險訊息。

18. **Appeals Information:** How and when to request an appeal.

申訴資訊：上訴方法及期限。

Note: Medicare & You provides more information about coverage and other services. For a free copy, call 1-800-Medicare (1-800-633-4227) or visit the website www.medicare.gov.

備註：“醫療保險與您”會提供更多關於保險範圍及其他服務的訊息。索取免費資料，請撥打 1-800-Medicare(1-800-633-4227)，或是瀏覽相關網站 www.medicare.gov。

Medicare Summary Notice Guide

醫療保險概要注意事項通知單指南

How to Read Your Medicare Summary Notice (MSN) - Part B

如何解讀您的醫療保險通知單- B 部分

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

以下是如何解讀醫療保險通知單(MSN) - B 部分的資料及服務。MSN 不是帳單。收到帳單之前，請勿支付任何款項。

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Summary Notice

June 16, 2006

2 CUSTOMER SERVICE INFORMATION

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

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

Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Doctor Services
TTY users should call: 1-877-486-2048.

4 Name
Street Address
City, State ZIP Code

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

This is a summary of claims processed from 5/15/06 through 8/15/06.

6 PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

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

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

- Date:** Date MSN was sent.
日期：醫療保險通知單 (MSN) 寄出的日期
- Customer Service Information:** Who to contact with questions about the MSN and provides your Medicare number.
客服資訊：詢問有關 MSN 或醫療保險號碼問題。
- Medicare Number:** The number on your Medicare card.
醫療保險號碼：您的保險卡號碼。
- Name and Address:** If incorrect, contact the company listed in (2), and the Social Security Administration immediately.
姓名和地址：若有失誤，請立即聯絡列於項目(2)的工作人員及社會安全局。
- Be Informed:** Messages about ways to protect yourself and Medicare from fraud and abuse.
注意：您應如何保護自己及醫療保險以免落入詐騙或濫用。

6. **Part B Medical Insurance - Assigned Claims:** Type of service. See the back of MSN for information about assignment. (**Please Note:** For unassigned services, this section is called "**Part B Medical Insurance - Unassigned Claims.**")
B 部分 醫療保險—指定的理賠：請參考 MSN 背面關於指定項目的資訊。(請注意：未定義的服務項目列在“**B 部分醫療保險**”— 未指定的理賠。”)
7. **Claim Number:** Number that identifies this specific claim.
理賠 編號：每一理賠項目有其特定編號
8. **Provider's Name and Address:** Facility's name and billing address. The referring doctor's name will also be shown. The address shown is the billing address, which may be different from where you receive the service(s).
醫療服務的提供者名稱及地址：列出醫療機構的名稱及帳單地址，並有轉介醫生的名字。帳單地址是郵寄帳單的地址，或許會和您接受醫療服務的機構地址不同。
9. **Dates of Service:** Dates service was provided. You may use these dates to compare with the dates shown on your hospital bill.
服務日期：您可以利用這個醫療服務的日期來對照醫院帳單的上的日期。
10. **Amount Charged:** Amount the provider billed Medicare.
應繳費用：醫療提供者向醫療保險申請的金額。
11. **Medicare Approved:** Amount Medicare approves for this service or supply.
醫療保險准許的費用：醫療保險同意支付的醫療服務或醫療用品金額。
12. **Medicare Paid Provider:** Amount Medicare paid to the provider. (**Please Note:** For unassigned services, this column is called "**Medicare Paid You.**")
醫療保險支付的費用：顯示醫療保險支付給醫療服務提供者的金額。(請注意：未定義的服務項目稱為” **醫療保險幫您預支**” 。)
13. **You May Be Billed:** The total amount the provider may bill you, including deductibles, coinsurance, and non-covered charges. Medicare supplement (Medigap) policies may pay all or part of this amount.
須付費金額：這是您需支付的費用，包含 扣款額、共保及醫療保險不包括的費用。聯邦醫療保險的差額保險(Medigap)可能會幫您支付全部或部分費用。
14. **See Notes Section:** If letter appears, refer to (16) for explanation.
備註事項：若有任何註記，請參考列於項目(16) 的解釋。
15. **Services Provided:** Brief description of the service or supply received.
提供的醫療服務：簡述您接受的醫療服務及醫療用品。

16 Notes Section:

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

b This approved amount has been applied toward your deductible.

17 Deductible Information:

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

18 General Information:

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

19 Appeals Information - Part B

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

Follow the instructions below:

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

16. **Notes Section:** Explains letters in (14) for more detailed information about your claim.

備註事項：解釋列於項目(14) 有關理賠的詳情。

17. **Deductible Information:** How much of your yearly deductible you have met.

扣款額：於承保期間您已使用的扣款額。

18. **General Information:** Important Medicare news and information.

一般資訊：重要的醫療保險訊息。

19. **Appeals Information:** How and when to request an appeal.

申訴資訊：上訴方法及期限。

Note: Medicare & You provides more information about coverage and other services. For a free copy, call 1-800-Medicare (1-800-633-4227) or visit the website www.medicare.gov.

備註：“醫療保險與您”會提供更多關於保險額及其他服務詳情。索取免費資料，請撥打 1-800-Medicare(1-800-633-4227)，或是瀏覽相關網站 www.medicare.gov。

Also, please note that you will receive a separate Explanation of Benefits (EOB) directly from your plan or provider for your Medicare Part D prescriptions.

此外，您亦會收到來自保險機構或醫療保險D部分處方藥物的補助說明(EOB)。

The Hawaii Senior Medicare Patrol Project (SMP Hawaii) is supported by a grant from the Administration on Aging, U.S. Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.