

Tips for Reading your Medicare Summary Notice or Explanation of Benefits

After you go to the doctor, your doctor bills Medicare or you plan for the services they provided. Then you will receive a notice in the mail from Medicare or your Medicare Advantage Plan that summarizes the health care services you received, how much Medicare or your plan paid your provider, and how much you may owe your provider.

- If you have Original Medicare, this summary notice is called the **Medicare Summary Notice (MSN)**.
- If you have a Medicare Advantage Plan, this summary is called an **Explanation of Benefits (EOB)**.

These notices contain a lot of information, so it is important to know what to look for when you receive them. Here are some tips for reading these notices.

1. Find out how much you may owe your provider.

Your MSN or EOB should include a table that lists the health care services you recently received. This table includes different dollar amounts, like what your provider charged Medicare or your plan or what Medicare or your plan paid.

This important thing for you to know is how much you owe. If you have an MSN, look for the column in the table that says “Maximum You May Be Billed.”

If you have an EOB, look for the column in the table that says “Your Share” or something similar. All EOBs contain the same information, but they may have different layouts.

2. Wait until you receive a bill before you make any payments.

MSNs and EOBs are not bills, so you should wait until you get a bill from your provider’s office before you make any payments.

If you have **Original Medicare**, compare the amount of your bill to the amounts listed in the “Maximum You May Be Billed” column on your MSN.

If you have a **Medicare Advantage Plan**, compare the amount of your bill to the amounts listed in the “Your Share” column on your EOB.

Make sure that the amount listed on the bill from your provider matches the amount that your MSN or EOB says you owe. If they do not match, contact your provider’s billing department to see if there has been a mistake.

3. Check to see if any of your services were denied coverage.

If Medicare or your Medicare Advantage Plan denied coverage for a service or item you received, then your MSN or EOB will show that Medicare or your plan paid nothing. There should be a note that explains the reason why Medicare or your plan denied coverage for your service or item.

Follow instructions on the final page of your MSN or EOB to appeal Medicare or your plan’s decision to deny coverage. Contact your provider if you need help filing the appeal. Your provider should write an appeal letter that addresses the denial reason and explains why the service or item should be covered.

4. Protect yourself from Medicare fraud.

Medicare fraud happens when someone knowingly deceives Medicare to receive payment when they should not or to receive higher payment than they should. To protect yourself from Medicare fraud, make sure you recognize the names of the providers listed on your MSN or EOB. You should also keep a calendar or list of your doctors’ appointments and the services you receive. Check this list against your MSN or EOB when you receive it.

If you do not recognize the name of a provider or a service listed on your MSN or EOB, first call your provider’s billing department to see if there was a mistake. If you suspect Medicare fraud, contact your Senior Medicare Patrol (SMP) by visiting www.smpresource.org or calling 877-808-2468.