Medicare Minute Teaching Materials — October 2026
How to Read Medicare Statements

1. What is a Medicare Summary Notice?

The Medicare Summary Notice (MSN) is a document that is sent to people with Original Medicare. It is a summary of health care services and items you have received during the past six months. The MSN is not a bill. The contractor that processes your claims for Medicare will send you the MSN, so the name and address of a private company might appear in it in the section titled "How to Handle Denied Claims or File an Appeal." MSNs are usually mailed twice per year and contain information about charges billed to Medicare, the amount that Medicare paid, and the amount that you are responsible for. Note that you may receive additional MSNs if you receive reimbursement for a bill you paid.

It is important to know that if you have not received health care services during a particular six-month period, you will not receive an MSN. If you have received services but have not received an MSN, call 1-800-MEDICARE (633-4227) or access your MSN online at www.Medicare.gov.

In addition to the health care services you received in the six-month period, your MSN lists:

- The amount providers billed Medicare for those services. (Note: the "Amount Provider Charged" field does not show your costs.)
- In an MSN for Part A services, the date that your benefit period began and the benefit days you have used in that benefit period.
- The Medicare-approved amount for each item or service. This is the amount that Medicare law sets as the price for an item or service.
- The amount Medicare paid providers for each service. This is a portion of the Medicare-approved amount. For most Part B-covered services, the "Amount Medicare Paid" is 80% of the Medicare-approved amount. For many preventive services, the "Amount Medicare Paid" is 100% of the approved amount.
- The amount you may need to pay directly to providers (indicated in the "You May Be Billed" section). Note that you will receive a bill from providers and do not need to pay anything unless you have received a bill.
- Any non-covered charges. This column shows the portion of charges for services that are denied or excluded (never covered) by Medicare. A $0.00 charge in this section means there were no denied or excluded services. A charge in this section typically means that you are responsible for paying it. If you disagree with a non-covered charge, you should file an appeal.
    - For assistance with filing an appeal, you should contact your local State Health Insurance Assistance Program (SHIP). Contact information for your SHIP is on the last page of this document.
- Notes for the claims on the MSN. These notes might indicate that claims have been sent to your supplementary insurance for secondary payment. For denied claims, the notes will provide explanation about why the item or service was denied. These explanations are important, especially if you are proceeding with an appeal.

In many instances, Medicare forwards the information from your MSN to your secondary insurer (if you have secondary insurance), which may then pay some or all of the remaining costs.

Try to save your MSNs. You might need them in the future to prove that payment was made if a provider's billing department makes a mistake or if you claimed a medical deduction on your taxes. If you have lost an MSN or you need a duplicate copy, call 1-800-MEDICARE (633-4227) or go to your account on www.Medicare.gov.

2. What is an Explanation of Benefits?
An Explanation of Benefits (EOB) is the notice that your Medicare Advantage plan, which is also called Medicare Part C, or Part D prescription drug plan typically sends you after you receive medical services or items. You only receive an EOB if you have a Medicare Advantage plan or a Part D prescription drug plan. An EOB is not the same as a Medicare Summary Notice (see number 1). It is also important to remember that an EOB is not a bill.

EOBs are usually mailed once per month. If you didn't receive any health care services during a given month, you won't be sent an EOB that month. Some plans give you the option of accessing your EOB online. Your EOB is a summary of the services and items you have received and how much you may owe for them. It tells you how much your provider billed, the approved amount your plan will pay, and how much you have to pay the provider.

While all EOBs provide the same information, the layout and other specifics may vary by plan. If your EOB shows that an item or service is not being covered, look for a section that includes notes, comments, footnotes, or remarks to find out the reason why. You may have to look on the next page to find this information.

Contact your plan if you have any questions about your EOB. You should also contact your plan for more information if any of your services or items were not covered. You may decide to file an appeal, depending on what your plan tells you. If you need assistance filing an appeal, you can contact your local SHIP. Contact information for your SHIP is on the last page of this document.

3. Why would my EOB or MSN say I am responsible for a charge?
There are a few reasons that your MSN or EOB may say you are responsible for a charge. Remember, MSNs and EOBs are not bills. If you owe anything, you should receive a bill directly from your doctor or other provider who performed the service. Some reasons you may be responsible for a bill include:

- You have not yet reached your deductible, the amount you must pay for health care expenses before your health insurance begins to pay. Once you reach your deductible, your plan will begin paying for part or all of the covered services.
- You owe a copayment, or copay, which is a set amount that you pay each time you receive a service. You may have already paid this when you checked out at the doctor's office.
- You are responsible for a coinsurance, which is a percentage of the cost of an item or service you received.
- Medicare or your plan is denying your coverage. If you are denied coverage for a service that you believe should have been covered, you should appeal this decision.
    - Your MSN or EOB will include notes that explain the reason that Medicare coverage of an item or service was denied. A common explanation for denial based on medical necessity, for example, is "The information provided does not support the need for this service or item." When you appeal, you and/or your provider will need to understand and address the reasons for denial.

- The final page of your MSN or EOB should include instructions for appealing this decision. For more assistance with appealing, you can contact your SHIP. Contact information for your SHIP is on the last page of this document.

4. I have supplemental or secondary insurance. Will my MSN show the amount I owe after my other insurer has paid?
The amount shown on your MSN is the amount you owe after Medicare has made its payments. If you have secondary insurance, such as a Medigap or other insurance that pays after Medicare pays, Medicare or your doctor may have already submitted the remaining bill to your other insurance, especially if you have a Medigap plan.

Check the notes on your MSN because they may indicate if a claim has already been sent to another insurer. If not, you may need to submit a claim yourself. Call your secondary insurance plan to learn what (if any) steps you need to take. Also, speak with your provider to ensure that they have your most up-to-date insurance information.

5. Why is there a difference between the amount my provider billed and the amount the provider is paid by Medicare?
If you have Original Medicare, Medicare has set an amount that a provider or supplier is paid for a particular service or item. This is called the Medicare-approved amount. Medicare will pay the provider a percentage of the Medicare-approved amount (80% for most Part B-covered services). Medicare does not base its payment on the amount charged by the provider. The coinsurance (20% for most Part B-covered services) is based on the Medicare-approved amount, not your provider's actual charge for the service. Your MSN will state the maximum amount the provider can bill you in the column labeled "maximum you may be billed."

If you have a Medicare Advantage plan, your plan may have set an approved amount for the service in question. The approved amount is the fee that a health insurance plan and provider or supplier agree upon for a particular service or item. Your EOB will show the amount the provider may bill you in the "Your Share" column. If you follow your plan's rules and use providers in the plan's network, you will typically only owe a coinsurance (percentage of the plan's rate) or a set copayment.

If you have a Part D plan, your EOB will only list what the plan has paid for a prescription, what you paid for that prescription at the pharmacy, and any other payments made by programs or organizations. It will also list your total out-of-pocket costs for prescription drugs for the year, as well as your Part D coverage phase (deductible, initial coverage, or catastrophic coverage). If you are unclear about any of these charges, or why your drug costs change from one month to the next, contact your plan. Your out-of-pocket costs for drugs may change depending on your coverage phase.

6. How can I use my MSN or EOB to protect myself against Medicare fraud?
Your Medicare statement, which provides claims information, is one of the key tools you can use to detect fraud, errors, and abuse. Medicare fraud occurs when someone knowingly deceives Medicare to receive payment when they should not, or to receive higher payment than they should. A provider is committing fraud if they:

- Bill Medicare for services you never received or requested, such as a back brace
- Bill Medicare for services that are different from the ones you received (or more expensive)

- Continue to bill Medicare for rented medical equipment after you have returned it
- Offer or perform services that you do not need in order to charge Medicare for more services
- Tell you that Medicare will pay for something when it will not
- Use your Medicare number without permission

Your MSN or EOB is an important resource for helping you recognize fraud, errors, and abuse. Since your MSN and/or EOB lists all of the services that your provider billed Medicare or your Medicare health or drug plan for, you can use it to ensure that they are only billing for the procedures you actually received. Keep a list of your doctors' appointments and services to check it against your MSN or EOB when you receive it. If there are any services listed that you did not receive, or any providers whose names you do not recognize, you should call the provider's billing department right away to check if an error has been made. If you do not recognize the provider, contact your local Senior Medicare Patrol. Contact information for your SMP is on the last page of this document.

You should also compare your EOB or MSN with bills you have received from or amounts you have paid at your pharmacy or provider's office. If your provider is billing you for more than the amount allowed by Medicare or your Medicare Advantage or Part D plan, you should contact your provider's office or your plan to see if there has been a mistake.

Your Senior Medicare Patrol (SMP) has additional tools you can use to track your health care services, supplies, and appointments.

First, there are **My Health Care Trackers.** These are printable fraud-fighting tools available at no cost through the SMP program. The trackers help you prevent, detect, and report suspected Medicare fraud, errors, or abuse.

- Visit www.smpresource.org/you-can-help/my-health-care-tracker/ to request a tracker and watch a video about how to use it.
    - The tracker is a place where you can record health care products and services received and take notes about appointments.
    - It provides instructions on how to compare the health care services, tests, and/or medical equipment items documented in the tracker to what was billed on your Medicare statements.
    - The tracker lists important contacts, such as Medicare and Social Security.
    - It also explains SMP work, including how SMPs work with people one-on-one, educate them in group education and exhibits, and engage volunteers.

There is also an **SMP Medicare Tracker app.** This fraud-fighting tool is available at no cost through your mobile app store (Apple or Google). The app helps you prevent, detect, and report suspected Medicare fraud, errors, or abuse.

- Visit www.smpresource.org/app to learn more and watch a video about the app.
    - Like the paper health care tracker, the app provides a place for you to record health care products and services received and take notes about appointments. It also provides instructions on how to compare the health care services, tests, and/or medical equipment items documented in the tracker to what was billed on your Medicare statements

- Additional features include scam alerts and news, the ability to report fraud through your phone, and an interactive game.

To report fraud, contact 1-800-MEDICARE and your local Senior Medicare Patrol (SMP). Contact information for your SMP is on the last page of this document.

7. Who should I contact if I have more questions?

1-800-MEDICARE (633-4227): Contact Medicare with questions about your Original Medicare coverage and your Medicare Summary Notice. You can also call Medicare or visit www.Medicare.gov if you need a new or duplicate MSN.

Medicare Advantage or Part D plan: Contact your plan with questions about your plan's coverage rules and with questions about your EOB, or to request a new or duplicate EOB. You can ask your plan questions about your EOB and about how to make an appeal if you need to.

Senior Medicare Patrol (SMP): Contact your SMP if you think you have experienced potential Medicare fraud, errors, or abuse. An SMP representative will be able to help you identify what has happened and report any incidents to the proper authorities. Visit www.smpresource.org or call 877-808-2468 to contact your SMP.

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you have questions about your Medicare coverage or if you need assistance appealing a denial or excluded service. Visit www.shiphelp.org or call 877-839-2675 to contact your SHIP.

SHIP case study
Eleanor has Original Medicare. She receives a statement in the mail that lists medical services she received in the past six months, including a regular doctor's visit and an x-ray. Medicare denied coverage of the x-ray. Eleanor is not sure whether she has paid for the visit or the x-ray yet, and she worries that she is overdue paying her medical bills. She is also upset that Medicare did not pay for her x-ray.

What should Eleanor do?

- Eleanor should call her SHIP for help. A SHIP counselor will help Eleanor identify the Medicare Summary Notice she is looking at and will remind her that it is not a bill.
  - If Eleanor does not know how to find her SHIP, she can visit www.shiphelp.org or call 877-839-2675.
- The SHIP counselor will help Eleanor understand the different parts of the MSN that she is looking at, including telling the difference between the amount that her providers billed Medicare, the Medicare-approved amount, the amount that Medicare paid, and the amount that Eleanor is responsible for paying. Since the MSN is not a bill, Eleanor will not need to pay anything until she receives a bill from her provider.
- If receiving her MSN every six months is not frequent enough, the SHIP counselor can also advise Eleanor to contact 1-800-MEDICARE or log in to her www.Medicare.gov account to access her MSNs.
- The SHIP counselor will help Eleanor understand the denial of her x-ray. They will tell her that she can look at the notes included on the MSN for an explanation of the denial. If Eleanor thinks that the claim should not have been denied, they can also help her take some next steps in filing an appeal.

    - The SHIP counselor can direct Eleanor to speak to her provider about the denial, to check that the claim was submitted correctly, and seek to assistance in appealing the denial.
    - The counselor can also direct Eleanor to look at the last page of her MSN, where she will find instructions for filing an appeal.
- The SHIP counselor can also tell Eleanor about how to use her MSN to identify Medicare fraud. If there are ever suspicious items on her MSN, like a visit to a provider she has never been to, the counselor will tell her that she can contact that provider to ask if they made an error and then call her Senior Medicare Patrol if she is still suspicious of fraud. If Eleanor does not know how to contact her SMP, she can call 877-808-2468 or visit www.smpresource.org.

SMP case study

Shreya got an Explanation of Benefits (EOB) showing that a doctor submitted several claims to Medicare for services she received the previous month. She is confused because she only saw the doctor once, but her EOB lists three different dates of service. She is concerned that this is incorrect information or an error, and that it might affect services that she needs her plan to cover in the future.

What should Shreya do?

- Shreya should call her doctor's office first to see if it was an error and ask for more information.
    - If the doctor's office made a mistake, they will be able to resubmit the correct claim to Shreya's plan.
    - If the doctor's office does not think there was a mistake, Shreya can ask them to explain the multiple dates of service and provide her with as much information as possible.
- If Shreya's provider is unresponsive or unwilling to correct the errors, Shreya may want to report this as potential Medicare fraud or abuse. She should contact her Senior Medicare Patrol (SMP) for help.
    - If Shreya doesn't know how to contact her local SMP, she can visit www.smpresource.org or call 877-808-2468.
- The SMP team member will report the suspected fraud to Medicare and the proper authorities, if necessary.
- The SMP can remind Shreya to continue keeping track of her health care appointments and reviewing her Medicare statements. She can use this information she puts in a My Health Care Tracker or the SMP Medicare Tracker app to compare to her Medicare statements to make sure her appointments and services are being billed to her Medicare accurately. If Shreya suspects she has experienced fraud, errors, or abuse, with future claims, she can call the SMP again.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422 **SHIP email: idahoshiba@doi.idaho.gov SHIP website: shiba.idaho.gov** **To find a SHIP in another state:** Call 877-839-2675 and say "Medicare" when prompted or visit www.shiphelp.org.	**SMP toll-free: 800-247-4422** **SMP email: idahoshiba@doi.idaho.gov** **SMP website: Medicare Fraud Prevention - Idaho Commission on Aging** **To find an SMP in another state:** Call 877-808-2468 or visit www.smpresource.org.

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SHIP Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org

SMP Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

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