



CALIFORNIA HEALTH ADVOCATES

Billing and Claims: Health Insurance Claims Record

Note: This worksheet and the chart that follows are tools for Medicare beneficiaries in the original fee-for-service program; Medicare Advantage and Part D claims are processed differently.

Instructions for Creating a Claims Record (sample below)

Columns 1-3 (*Name, Date of Service, Billed Amount*): From the itemized bill you can fill in the first three spaces. Even if the doctor accepts assignment, get an itemized bill. You will need it later to file a claim with your supplemental insurance company, if you have supplemental insurance (e.g. Medigap, retiree plan.)

Column 4 (*Took Assignment?*): Indicate if the doctor accepted assignment. If you are not sure, ASK the doctor.

Columns 5-6 (*MSN Statement Date, Statement Number*): Record the Medicare Summary Notice (MSN) statement date that is found on the upper right of the MSN, plus the statement number.

Columns 7,8,9 (*Amount Approved, Medicare Paid, Met Deductible*): These columns are completed from the MSN. Remember that Medicare Part B has a \$135.00 annual deductible that has to be met before Medicare begins to pay Part B claims.

Column 10 (*Coinsurance + any Excess Charges*): If the provider accepted assignment, the coinsurance for most Part B service is 20% of the Medicare-approved amount. (For mental health services, the coinsurance is 50%.) If the provider did not accept assignment, the excess or limiting charge cannot be more than 15% of the Medicare-approved amount.

Column 11 (*Date Claim Sent*): If you are submitting the claim, enter the date mailed. If your supplemental insurance is part of the electronic processing program with Medicare, leave this blank.

Column 12 (*Amount Paid*): Enter the amount of the check you received or the amount the provider received (if the supplemental insurance sent the check directly to the provider).

Column 13 (*Balance Due*): This is the amount shown as "You Owe" on the MSN minus any payments made directly to the provider. Enter the amount owed.

Column 14 (*Date Paid*): Date you paid the bill.

Column 15 (*Check Number*): Your check number.

Column 16 (*Out-of-Pocket Amount*): You may owe more than you received from insurance. If so, enter the difference here. (You may qualify for an IRS deduction if your out-of-pocket medical expenses are substantial.)

See sample on next page.

Health Insurance Claims Record

Client Name:

Supplemental Insurance: Policy Name/Number/Letter

PROVIDER				MEDICARE					INSURANCE CARRIER			MEDICARE BENEFICIARY			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name	Date of Service	Billed Amount (\$)	Took Assignment (Y/N)	MSN Statement Date	Statement Number	Amount Approved	Medicare Paid	Met Deductible (Y/N)	Coinsurance (20% of approved amount for most Part B services, 50% for mental health services) + Excess Charges (if any)	Date Claim Sent	Amount Paid (\$)	Balance Due	Due Date	Check Number	Out-of-Pocket Amount

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The Health Insurance Counseling and Advocacy Program (HICAP) provides free, objective information and counseling on Medicare and other related topics. You can call **1-800-434-0222** with your questions or to make an appointment at the HICAP office nearest you. To find the HICAP office in your area, visit cahealthadvocates.org.