

SilverScript Employer Group (PDP) is operated by  
SilverScript Insurance Company  
P.O. Box 52421  
Phoenix, AZ 85072-2421

# SILVERSCRIPT®

June 13, 2013

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ROGER L WYCISKALLA  
4468 STATE HIGHWAY 154  
SESSER IL 62884-2230



*CASE NAME*  
*12-51502-A 695*

Your member numbers are:  
Member ID: G0158848401  
Rx PCN: MEDDADV

## Your Monthly Prescription Drug Summary

For May, 2013

This summary is your "Explanation of Benefits" (EOB) required by Medicare for your Medicare prescription drug coverage (Part D) under the Employer Group Prescription Drug Plan. Please review this summary and keep it for your records. **(This is not a bill.)**

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights



### Need large print or another format?

To get this material in other formats, or ask for language translation services, call SilverScript Employer Group (PDP) Customer Care (the number is on this page).

### For languages other than English:

Español: 1-888-626-7677

### SilverScript Employer Group (PDP) Customer Care

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-888-626-7677**

TTY users call 1-866-236-1069

On the Web at: [patriotcoal.silverscript.com](http://patriotcoal.silverscript.com)

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EASTERN DISTRICT  
ST. LOUIS, MISSOURI - MO

A Federally-Qualified Medicare Contracting Prescription Drug Plan.

**SECTION 1. Your prescriptions during the past month**

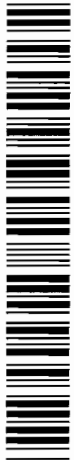
- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

**CHART 1.**

Your prescriptions for covered Part D drugs  
May, 2013

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>BD PEN NEEDL MIS 31GX3/16</b> 05/29/2013. THE MEDICINE SHOPPE 000007082177, 30 day supply.	\$6.82	\$0.00	\$25.65 (paid by Other Payer)
<b>PRAVASTATIN TAB 80MG</b> 05/29/2013. THE MEDICINE SHOPPE 000007055733, 30 day supply.	\$3.17	\$5.00	\$6.92 (paid by Other Payer)
<b>JANUVIA TAB 100MG</b> 05/29/2013. THE MEDICINE SHOPPE 000007023490, 30 day supply.	\$7.02	\$0.00	\$127.30 (paid by Medicare Coverage Gap Discount Program) \$121.53 (paid by Other Payer)
<b>METFORMIN TAB 750MG ER</b> 05/29/2013. THE MEDICINE SHOPPE 000007055730, 30 day supply.	\$3.22	\$0.00	\$12.09 (paid by Other Payer)

(continued)



**CHART 1.**

Your prescriptions for covered Part D drugs  
May, 2013

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>RAMIPRIL CAP 5MG</b> 05/29/2013. THE MEDICINE SHOPPE 000007055731, 30 day supply.	\$1.90	\$5.00	\$2.17 (paid by Other Payer)
<b>PANTOPRAZOLE TAB 40MG</b> 05/29/2013. THE MEDICINE SHOPPE 000007055732, 30 day supply.	\$6.25	\$5.00	\$18.51 (paid by Other Payer)
<b>BYETTA INJ 10MCG</b> 05/29/2013. THE MEDICINE SHOPPE 000007055748, 30 day supply.	\$9.79	\$5.00	\$182.75 (paid by Medicare Coverage Gap Discount Program) \$169.21 (paid by Other Payer)
<b>TOTALS for the month of: May, 2013</b>  <b>Your "out-of-pocket costs" amount is \$330.05.</b> (This is the amount you paid this month (\$20.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$310.05). See definitions in Section 3.)  <b>Your "total drug costs" amount is \$724.30.</b> (This is the total for this month of all payments made for your drugs by the plan (\$38.17) and you (\$20.00) plus "other payments" (\$666.13).)	\$38.17 (total for the month)	\$20.00 (total for the month)	\$666.13 (total for the month)  (Of this amount, \$310.05 counts toward your "out-of-pocket costs." See definitions in Section 3.)

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<p><b>Year-to-date totals 01/01/2013 through 05/31/2013</b></p>	<p><b>Plan paid</b></p>	<p><b>You paid</b></p>	<p><b>Other payments (made by programs or organizations; see Section 3.)</b></p>
<p><b>Your year-to-date amount for “out-of-pocket costs” is \$487.35.</b></p> <p><b>Your year-to-date amount for “total drug costs” is \$4,009.83.</b></p> <p>For more about “out-of-pocket costs” and “total drug costs,” see Section 3.</p>	<p>\$2,041.45  (year-to-date total)</p>	<p>\$50.00  (year-to-date total)</p>	<p>\$1,918.38  (year-to-date total)</p> <p>(Of this amount, \$437.35 counts toward your “out-of-pocket costs.” See definitions in Section 3.)</p>

**SECTION 2. Which “drug payment stage” are you in?**

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You may or may not experience some of the “drug payment stages” listed below. If you have additional prescription drug coverage through an employer group plan, these drugs may be covered by that secondary plan coverage. For details about your drug plan, refer to your Evidence of Coverage.

**STAGE 1**  
**Yearly Deductible**

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you have paid \$325.00 for your drugs (\$325.00 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

**STAGE 2**  
**Initial Coverage**

- You begin in this payment stage when you fill your first prescription of the year. During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost, which will be no more than your standard copayment for covered drugs.
- You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$2,970.00. Then you move to payment stage 3, Coverage Gap.

**You are in this stage:**

**STAGE 3**  
**Coverage Gap**

- During this payment stage, you receive coverage under the Employer Group Prescription Drug Plan. You continue to pay no more than your standard copayment for covered drugs.
- You generally stay in it **until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$4,750.00.** As of 05/31/2013 your year-to-date “out-of-pocket costs” was **\$487.35** (see Section 3).

**STAGE 4**  
**Catastrophic Coverage**

- During this payment stage, you will pay no more than your standard copayment for covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2013).

**What happens next?**

Once you (or others on your behalf) have paid an **additional \$4,262.65** in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).

**SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)**

We’re including this section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

<p><b>Your “out-of-pocket costs”</b></p> <p><b>\$330.05 month of May, 2013</b></p> <p><b>\$487.35 year-to-date (since 01/01/2013)</b></p> <p><b>DEFINITION:</b></p> <p><b>“Out of pocket costs” includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does <u>not</u> include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan’s Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran’s Administration; Worker’s Compensation; and some other programs.</li> </ul>	<p><b>Your “total drug costs”</b></p> <p><b>\$724.30 month of May, 2013</b></p> <p><b>\$4,009.83 year-to-date (since 01/01/2013)</b></p> <p><b>DEFINITION:</b></p> <p><b>“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul> <p><b>NOTE:</b> Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do <u>not</u> count toward your out-of-pocket costs or total drug costs.</p>
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**Learn more.** Medicare has made the rules about which types of payments count and do not count toward “out-of-pocket costs” and “total drug costs.” The definitions on this page give you only the main rules. For details, including more about “covered Part D drugs” see the Evidence of Coverage, our benefits booklet.



**SECTION 4. Updates to the plan’s Drug List that will affect drugs you take**

- At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered drugs for which you filled prescriptions in 2013 as a member of our plan.)

- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

**SECTION 5. If you see mistakes on this summary or have questions, what should you do?**

**If you have questions, call us**

If something is confusing or doesn’t look right on this monthly prescription drug summary, please call SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [patriotcoal.silverscript.com](http://patriotcoal.silverscript.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you’re not taking, or anything else that looks suspicious to you, please contact us.

- Call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this summary).

**SECTION 6. Important things to know about your drug coverage and your rights**

**Your “Evidence of Coverage” has the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan’s benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.

- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at SilverScript Employer Group (PDP) Customer Care (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 7 of your *Medicare & You 2013* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your Evidence of Coverage.





# Medicare Summary Notice

June 19, 2013

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ROGER L WYCISKALLA  
4468 STATE HWY 154  
SESSER IL 62884-2230



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

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-5320A**

If you have questions,  
call: 1-800-MEDICARE  
(1-800-633-4227)  
(#00952)

**Ask For Doctor's Services**

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed from 04/17/2013 through 06/14/2013.

### 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 09-13100-701-960						
<b>Family Foot Ankle Ctr LLC, PO Box 508, Carterville, IL 62918-0508</b>						
Dr. Moore, Melinda B.						
04/08/13	1.0 Office/outpatient visit est (99213)	\$75.00	\$0.00	\$0.00	\$0.00	a
04/08/13	1.0 X-ray exam of foot (73630-RT)	80.00	0.00	0.00	0.00	a
<b>Claim Total</b>		<b>\$155.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Claim number 09-13148-781-230						
<b>Good Sam Regnl Health Center, PO Box 503927, St Louis, MO 63150-0001</b>						
Dr. Parham, Walter A.						
05/21/13	1.0 Cardiovascular stress test (93016)	\$111.00	\$0.00	\$0.00	\$0.00	a
05/21/13	1.0 Cardiovascular stress test (93018)	147.00	0.00	0.00	0.00	a
05/21/13	1.0 Tte w/doppler complete (93306-26) professional charge	316.00	0.00	0.00	0.00	a
<b>Claim Total</b>		<b>\$574.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**IMPORTANT INFORMATION****ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE 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 address or 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% 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% 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% 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 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 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.

**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 09-13108-619-910 <b>Mid America Radiology SC, PO Box 66971 Dept Mr,                      Saint Louis, MO 63166-6971</b> Referred by: Followell, Lynn M Dr. Carmody, Timothy J.						
04/03/13	1.0 Ct thorax w/o dye (71250-26) professional charge	\$298.38	\$0.00	\$0.00	\$0.00	a
Claim number 10-13157-227-880 <b>Mid America Radiology SC, PO Box 66971 Dept Mr,                      Saint Louis, MO 63166-6971</b> Referred by: Parham, Walter A Dr. Carmody, Timothy J.						
05/21/13	1.0 Ht muscle image spect mult (78452-26) professional charge	\$704.13	\$0.00	\$0.00	\$0.00	a
Claim number 09-13099-812-370 <b>Physician Services Corp SC, PO Box 504398,                      Saint Louis, MO 63150-4398</b> Dr. Vacca, Anthony C. DO						
04/01/13	1.0 Office/outpatient visit new (99204)	\$232.00	\$0.00	\$0.00	\$0.00	a
Claim number 09-13127-851-650 <b>Physician Services Corp SC, PO Box 504398,                      Saint Louis, MO 63150-4398</b> Followell, Lynn M. NP						
04/15/13	1.0 Office/outpatient visit est (99214)	\$131.00	\$0.00	\$0.00	\$0.00	a
Claim number 09-13136-799-290 <b>Physician Services Corp SC, PO Box 504398,                      Saint Louis, MO 63150-4398</b> Dr. West, David S. M.D.						
04/15/13	1.0 Respiratory flow volume loop (94375)	\$97.00	\$0.00	\$0.00	\$0.00	a
04/15/13	1.0 Co/membrane diffuse capacity (94729)	148.00	0.00	0.00	0.00	a

**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
04/15/13	1.0 Pulm funct tst plethysmograp (94726)	140.00	0.00	0.00	0.00	a
04/15/13	1.0 Lung function test (MBC/MVV) (94200-59)	66.00	0.00	0.00	0.00	a
04/15/13	1.0 Pulmonary stress test/simple (94620-59)	440.00	0.00	0.00	0.00	a
<b>Claim Total</b>		<b>\$891.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<p>Claim number 10-13155-062-840  <b>Physician Services Corp SC, PO Box 504398,                  Saint Louis, MO 63150-4398</b>                  Referred by: Amorado, Jose D                  Dr. Parham, Walter A.</p>						
05/20/13	1.0 Electrocardiogram complete (93000)	\$90.00	\$0.00	\$0.00	\$0.00	a
05/20/13	1.0 Office/outpatient visit new (99204-25)	232.00	0.00	0.00	0.00	a
05/20/13	1.0 Hemoglobin a1c level >9.0% (3046F-8P)	0.00	0.00	0.00	0.00	a
05/20/13	1.0 Ldl-c <100 mg/dl (3048F-8P)	0.00	0.00	0.00	0.00	a
05/20/13	1.0 Mst rcnt dia bp <90mmhg (G8921)	0.00	0.00	0.00	0.00	a
05/20/13	1.0 Mst rcnt sys bp <140mmg (G8919)	0.00	0.00	0.00	0.00	a
05/20/13	1.0 Doc cur meds by prov (G8427)	0.00	0.00	0.00	0.00	a
05/20/13	1.0 Pt tobacco screen rcvd tlk (4004F-8P)	0.00	0.00	0.00	0.00	a
<b>Claim Total</b>		<b>\$322.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<p>Claim number 10-13156-006-190  <b>Physician Services Corp SC, PO Box 504398,                  Saint Louis, MO 63150-4398</b>                  Referred by: Amorado, Jose D                  Dr. Marantz, Susan G.</p>						
06/03/13	1.0 Office/outpatient visit est (99213)	\$101.00	\$0.00	\$0.00	\$0.00	a
06/03/13	1.0 Doc cur meds by prov (G8427)	0.00	0.00	0.00	0.00	a
06/03/13	1.0 Pt tobacco screen rcvd tlk (4004F-8P)	0.00	0.00	0.00	0.00	a
<b>Claim Total</b>		<b>\$101.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**General Information (continued):**

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.

ALERT: Coverage by Medicare is limited to \$1,880 for 2012 and \$1,900 for 2013 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

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.

Medicare helps pay for many preventive services including flu and pneumococcal shots, tests for cancer, diabetes monitoring supplies and others. Call 1-800-MEDICARE (1-800-633-4227) for more information.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by October 22, 2013** 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: Appeals, P.O. Box 4433, Marion, IL 62959 (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

If you have any questions, please write or call our Customer Service Department at:

ROGER L WYCISKALLA  
 4468 STATE HWY 154  
 SESSER IL 62884

UnitedHealthcare Insurance Co  
 PO Box 31362  
 Salt Lake City

UT 84131-0362  
 800-457-8506



## EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Patient: ROGER L WYCISKALLA  
 Number: 12887-930204338-00

Date: 06/19/13  
 Policy: PATRIOT COAL-COAL ACT RETIREES

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Not Covered Amount		Deductible	Copay	Total Patient Cost
07649692-00	N PHYS SVCS CORP OF SOUTHERN ILLINOIS SC CARDIOVASC OFFICE VISIT	5/20/13 5/20/13	90.00 232.00	72.83 232.00	1133 723	0.00 0.00	0.00 0.00	0.00 0.00
<b>TOTALS</b>			<b>322.00</b>	<b>304.83</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Payment has been made to: Amount: Deductible/copay accumulations for: 4/01/13- 3/31/14  
 PHYS SVCS CORP OF SOUTHERN 17.17 5.00 OF 50 INDIVIDUAL COMBINED LIMIT

# EXPLANATION OF BENEFITS THIS IS NOT A BILL

Pg 16 of 20

DATE: 6/19/13

## CODE DESCRIPTIONS

- 723 MODIFIER INCORRECT/INAPPROPRIATE/MISSING FOR PROCEDURE. SUBMIT CORRECTED CLAIM.
- 1133 WE HAVE PAID THE MEDICARE AMOUNT. YOU SHOULD NOT BE BILLED FOR THE BALANCE, BUT YOU MAY NEED TO PAY A COPAYMENT, COINSURANCE, OR DEDUCTIBLE.



**IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS****WHAT IF I DON'T AGREE WITH THIS DECISION?****YOU HAVE THE RIGHT TO APPEAL.**

File your appeal in writing within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline.

**WHO MAY FILE AN APPEAL?**

You may file an appeal. If you don't want to file an appeal yourself, you may name a relative, friend, advocate, attorney, doctor, or someone else to act as your representative. Others also already may be authorized under State law to act for you.

You can call us at: 1-800-457-8506 to learn how to name your representative.  
TTY: 711.

If you want someone to act for you, you and your representative must sign, date and send us a statement naming that person to act for you.

**HOW DO I FILE AN APPEAL?**

Mail or deliver your written appeal to the address below:

Appeals and Grievance Department  
P.O. Box 6106  
Cypress, CA 90630  
MailStop: CY124-0157

We must give you a decision no later than 60 calendar days after we receive your appeal request.

**WHAT DO I INCLUDE WITH MY APPEAL?**

Your written request should include: your name, address, member number, reasons for appealing, and any evidence you wish to attach.

You may send supporting medical records, doctors' letters, or other information that explains why we should pay for the service. Call your doctor if you need this information to help you with your appeal. You may send this information or present this information in person if you wish.

**WHAT HAPPENS NEXT?**

If you appeal, we will review our decision. After we review our decision, if any of the services you requested are still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your Medicare health plan. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

**CONTACT INFORMATION:**

If you need information or help, call US at:

Toll Free: 1-800-457-8506  
TTY: 711

**OTHER RESOURCES TO HELP YOU:**

Medicare Rights Center:  
Toll Free number 1-888-HMO-9050

Elder Care Locator  
Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)  
TTY: 1-877-486-2048



**APPEALS / COMMENTS**

**Form CMS 10003-NDP (Exp. 10/31/2013)**

**OMB Approval 0938-0829**

**Plans are insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage Organization with a Medicare contract and a Medicare-approved Part D sponsor.**



ROGER WYCISKALCA  
4468 STATE HWY 159  
SESSER, IL 62884

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI  
90 STEVE CRUSE DEPUTY CLERK  
THOMAS F. EARLETON U.S. COURT HOUSE  
111 SOUTH TENTH ST. FOURTH FLOOR  
ST LOUIS, MISSOURI 63102

CASR NAME  
12-51502-  
A425

RECEIVED + FILED

2013 JUL -5 AM 11:15

CLERK, US BANKRUPTCY COURT  
EASTERN DISTRICT  
ST. LOUIS, MISSOURI, MO

