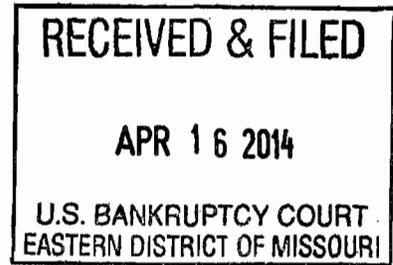


FROM: ROGER WYCISKALLA  
4468 STATE Hwy 154  
SESSER IL 62884  
PHONE 618-435-0685



TO: HONORABLE KATHY A. SURRATT STATES  
U.S. BANKRUPTCY COURT EASTERN DIVISION OF MO.  
THOMAS F. EAQLETON U.S. COURT HOUSE  
111 SOUTH 10TH STREET  
ST LOUIS, MISSOURI 63102

YOUR HONOR:

I KNOW YOU MUST BE GETTING TIRED OF ME  
WRITTING TO YOU ABOUT MY CASE BUT I DO NOT  
WHAT ELSE TO DO SINCE I DON'T HAVE AN  
ATTORNEY TO DO THINGS FOR MYSELF I AM  
JUST TRYING TO DO THE BEST I CAN TO  
SHOW YOUR HONOR JUST HOW VERY DIFFICULT  
IT HAS BEEN SINCE MY INJURY IN MINE  
ACCIDENT ON SEPTEMBER 1987 I DEAL  
WITH BILLS CREDITOR COLLECTION PHONE  
CALLS ETC. ON A DAILY BASIS FOR THE  
LAST 26 YEARS I HAVE HAD PROBLEMS  
GETTING MY MEDICAL BILLS DOCTORS HOSPITAL  
AND OTHER SERVICES THAT MEDICARE AND  
MY COAL MINE INSURANCE WHICH HAS  
CHANGED ABOUT AT LEAST 6 TIMES SINCE  
1987 OR LAST 26 YEARS AND YOUR HONOR

I AM GETTING WORRE I AM HAVING TROUBLE  
TAKE MY CARE OF ALL MY MEDICAL BILLS  
AND ETC AND TAKE CARE OF ALL MY PERSCRIPTIONS  
SOME TIMES I FORGET TO TAKE MY MEDICINE  
AND MY INSLIN FOR MY DIABETIS. I  
HAVE NO MORE ENERGY OR AS I SAY TO  
WHO WILL LISTEN TO ME NO FIGHT LEFT  
IN MYSELF TO DEAL WITH COAL MINE  
INSURANCES WEATHER IT BE ARCH OF ILLINOIS  
OR MANHUM COAL CO - PATRIOT COAL CO.

AND WHO KNOWS WHAT ELSE IS TO COME  
AS IN THE PAST I KNOW IT WILL NOT  
BE IN MY FAVOR AS IT HAS NOT BEEN  
IN THE LAST 26 YEARS OF MY DEALING  
WITH THE COAL MINES WHAT EVER THE  
NAME THEY CHANGE TO IN THE PAST AND  
IN THE FUTURE. YOUR HONOR I JUST DON'T  
WANT TO GET INTO A NURSING HOME AND  
INSURANCE AND MEDICARE ETC STOP  
PAYING MY BILLS AND THROW ME OUT  
ON TO THE STREET I WORRY ABOUT THIS  
24-7 ON MY MIND I WILL NOT  
BOTHER YOU ANY MORE WITH MY PROBLEMS  
AND THANK YOU FOR YOUR TIME.

SINCERELY

Roger Wyciskalla

ROGER WYCISKALLA

04-12-2014

# Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

## Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the service.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Amount Provider Charged:** This is your provider's fee for this service.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

**March 11, 2014**

**Cardionet, LLC, (415)671-7675**  
PO Box 347526, Pittsburgh, PA 15251-4526  
Referred by Parham, Walter A

**NOTE**

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Heart rhythm tracing, computer analysis, physician prescribed transmission of patient-triggered even (93229)	<b>NO</b>	\$4,700.00	\$0.00	\$0.00	<b>\$0.00</b>	
<b>Total for Claim #09-14076-239-010</b>		\$4,700.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>A</b>

**NO**

**NO**

**NO !**

## Notes for Claims Above

**A** Medicare Part B does not pay for this item or service since our records show that you were in a Medicare health plan on this date. Your provider must bill this service to the Medicare health plan.



# How to Handle Denied Claims or File an Appeal

## Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

## If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

**August 6, 2014**

## If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your provider:** Ask your provider for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

## File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
c/o Noridian Healthcare Solutions, LLC  
Attn: Appeals Dept  
P. O. Box 6774  
Fargo, ND 58108-6774

Roger L Wyciskalla

THIS IS NOT A BILL | Page 3 of 4

## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

### Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the service.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Amount Provider Charged:** This is your provider's fee for this service.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

**February 03, 2014**  
**Physician Services Corporati, (618)242-7819**  
 PO Box 504398, Saint Louis, MO 63150-4398

**NOTE**

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Amorado, Jose D., M.D.						
Established patient office or other outpatient, visit typically 25 minutes (99214)	NO	\$175.00	\$0.00	\$0.00	\$0.00	
<b>Total for Claim #09-14035-456-680</b>		\$175.00	\$0.00	\$0.00	\$0.00	<b>A,B</b>

Handwritten annotations: "NO" circled with an arrow pointing to the "Service Approved?" column; "A" circled; "NO!" written below.

### Notes for Claims Above

- A** The amount in the 'You May Be Billed' column has been reduced by the amount you paid the provider at the time the services were rendered.
- B** Our records show that you are enrolled in a health maintenance organization. Your provider must bill this service to them.

## How to Handle Denied Claims or File an Appeal

### Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

July 28, 2014

### If You Need Help Filing Your Appeal

**Contact us:** Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

**Call your provider:** Ask your provider for any information that may help you.

**Ask a friend to help:** You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

### Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

### File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your or your representative's signature

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
**c/o National Government Services, Inc.**  
**P.O. Box 6475**  
**Indianapolis, Indiana 46206-6475**

Roger L. Wyciskalla

THIS IS NOT A BILL | Page 4 of 5

**NOTE**



**February 12, 2014**

**Good Samaritan Regional Health, (618) 242-4600**

1 Good Samaritan Way, Mt Vernon, IL 62864-2402

Referred by Jose D. Amorado

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ultrasound scanning of blood flow (outside the brain) on both sides of head and neck (93880)	<b>NO</b>	\$1,110.00	\$0.00	\$0.00	\$0.00	A,B,C, D
<b>Total for Claim #21404900588607ILA</b>		\$1,110.00	\$0.00	\$0.00	\$0.00	A,B,C, E



**NO!**

**Notes for Claims Above**

- A** Our records show that you are enrolled in a Medicare health plan. Your provider must bill this service to the plan.
- B** You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "Maximum You May Be Billed" column.
- C** Medicare does not pay for this item or service.
- D** Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Call 1-800-MEDICARE (1-800-633-4227) for a copy of the LCD. The following policies were used when we made this decision: L27355
- E** The amount Medicare paid the provider for this claim is \$0.00.

# Your Outpatient Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for outpatient care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

## Definitions of Columns

**Service Approved?** This column tells you if Medicare covered the outpatient service.

**Amount Facility Charged:** This is your facility's fee for this service.

**Medicare-Approved Amount:** This is the amount a facility can be paid for a Medicare service. It may be less than the actual amount the facility charged. The

facility has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid:** This is the amount Medicare paid the facility. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed:** This is the total amount the facility is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

