

100

[Faint, illegible text on the left page]

[Faint, illegible text on the right page]

February 01 - February 17, 2016/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Inpatient or outpatient dialysis services (90999)	Yes	2,196.00	90.75	70.95	18.15	U
Total for Claim #21606302168907GAA		\$42,990.16	\$6,721.39	\$1,206.15	\$308.55	V,W

Notes for Claims Above

- U** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- V** The amount Medicare paid the provider for this claim is \$1,206.15.
- W** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

February 01 - February 17, 2016

Dva Renal Healthcare Inc, (520) 624-2220

1780 W Anklam Rd, Tucson, AZ 85745-2632

Referred by Carlos Reyes

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Pharmacy	NO	\$43.47	\$0.00	\$0.00	\$0.00	O,P
Syringe, with or without needle, each (A4657)	Yes	0.50	0.50	0.00	0.00	
Ferritin (blood protein) level (82728)	Yes	184.37	184.37	0.00	0.00	Q
Iron level (83540)	Yes	87.70	87.70	0.00	0.00	Q
Iron binding capacity (83550)	Yes	118.31	118.31	0.00	0.00	Q
Parathormone (parathyroid hormone) level (83970)	Yes	558.68	558.68	0.00	0.00	Q
Red blood cell count, automated test (85041)	Yes	40.73	40.73	0.00	0.00	Q
Automated white blood cell count (85048)	Yes	34.40	34.40	0.00	0.00	Q
Injection, epoetin alfa, 100 units (for esrd on dialysis) (Q4081)	NO	436.05	0.00	0.00	0.00	O,P
Injection, epoetin alfa, 100 units (for esrd on dialysis) (Q4081)	Yes	4,153.95	4,153.95	0.00	0.00	R,S

Claim #21606302168907GAA

(continued)

Continued →

Notes for Claims Above

- O** Medicare does not pay for this item or service.
- P** 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.
- Q** This service is paid at 100% of the Medicare approved amount.
- R** 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: L30069 L30024
- S** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

January 01 - January 31, 2016/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	90.23	70.54	18.05	K

Claim #21603401065007GAA

(continued)

Continued →

Notes for Claims Above

K The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

December 01 - December 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	D
Total for Claim #21600700448807GAA		\$69,100.19	\$4,013.52	\$2,337.40	\$597.99	E,F

January 01 - January 31, 2016

Dva Renal Healthcare Inc, (520) 624-2220
 1780 W Anklam Rd, Tucson, AZ 85745-2632
 Referred by Zeeshan Perveze

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Aluminum level (82108)	Yes	\$344.83	\$344.83	\$0.00	\$0.00	G
Vitamin D-3 level (82306)	Yes	400.68	400.68	0.00	0.00	G,H
Creatinine level to test for kidney function or muscle injury (82570)	Yes	70.02	70.02	0.00	0.00	G
Creatinine level to test for kidney function or muscle injury (82570)	Yes	70.02	70.02	0.00	0.00	G
Creatinine level to test for kidney function or muscle injury (82570)	Yes	70.02	70.02	0.00	0.00	G
Creatinine level to test for kidney function or muscle injury (82570)	Yes	70.02	70.02	0.00	0.00	G

Claim #21603401065007GAA

(continued)

Continued →

Notes for Claims Above

- D** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- E** The amount Medicare paid the provider for this claim is \$2,337.40.
- F** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- G** This service is paid at 100% of the Medicare approved amount.
- H** 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: L30905 L34274

December 01 - December 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.43	75.40	19.29	B

Claim #21600700448807GAA

(continued)

Continued →

Notes for Claims Above

- B** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each facility? Check the dates. Did you have a service or visit that day?

Did you get the claims listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Only your physician can order medical equipment for you.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer service code is 10201.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call (800) 432-4040.

Your Messages from Medicare

Save tax dollars and trees by getting your Medicare & You handbook electronically. Visit <https://www.medicare.gov/forms-help-and-resources/e-delivery.html> to sign up today.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Do you have diabetes? If you have diabetes, a family history of glaucoma, are African American and 50 or older, or are Hispanic and 65 or older, you're at high risk. Medicare helps cover glaucoma screenings once every 12 months.

Medicare covers many preventive services, such as pap tests and glaucoma tests. Check your Medicare & You handbook or visit Medicare.gov to learn more about covered preventive services.

How to Handle Denied Claims or File an Appeal

Get More Details

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

May 11, 2016

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 facility: Ask your facility 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.

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 facility 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 Cahaba GBA

P.O. Box 6168

Indianapolis, IN 46206-6168

September 01 - September 30, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.61	75.55	19.32	B

Claim #21527500646207GAA

(continued)

Continued →

Notes for Claims Above

B The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each facility? Check the dates. Did you have a service or visit that day?

Did you get the claims listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Beware of advertisements that read, "This item is approved by Medicare" or "No out-of-pocket expenses."

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer service code is 10201.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call **(800) 432-4040**.

Your Messages from Medicare

The health law requires most people to have health coverage or pay a fee. If you had Medicare Part A or a Medicare Advantage Plan for all of 2015, you're covered. Learn more at Medicare.gov.

If you haven't gotten your flu vaccine, it isn't too late. Please contact your health care provider about getting the vaccine.

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare helps pay for prostate cancer screenings once every 12 months, for men over age 50. Talk to your doctor about getting checked.

How to Handle Denied Claims or File an Appeal

Get More Details

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

February 10, 2016

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 facility: Ask your facility 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.

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 facility 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 Cahaba GBA
P.O. Box 6168
Indianapolis, IN 46206-6168

August 01 - August 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.10	75.15	19.22	N

Claim #21524601403807GAA

(continued)

Continued →

Notes for Claims Above

N The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

July 06 - July 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	H
Total for Claim #21521602397107GAA		\$61,328.39	\$6,721.13	\$1,955.46	\$499.98	I,J

August 01 - August 31, 2015

Dva Renal Healthcare Inc, (520) 624-2220

1780 W Anklam Rd, Tucson, AZ 85745-2632

Referred by Alan I. Cohn

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Syringe, with or without needle, each (A4657)	Yes	\$1.00	\$1.00	\$0.00	\$0.00	
Body fluid cell count with cell identification (89051)	Yes	74.56	74.56	0.00	0.00	K

Claim #21524601403807GAA

(continued)

Continued →

Notes for Claims Above

- H** The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- I** The amount Medicare paid the provider for this claim is \$1,955.46.
- J** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- K** This service is paid at 100% of the Medicare approved amount.

July 06 - July 31, 2015/Dva Renal Healthcare Inc continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Creatinine level to test for kidney function or muscle injury (82570)	Yes	70.02	70.02	0.00	0.00	E
Creatinine level to test for kidney function or muscle injury (82570)	Yes	70.02	70.02	0.00	0.00	E
Ferritin (blood protein) level (82728)	Yes	184.37	184.37	0.00	0.00	E
Folic acid level (82746)	Yes	199.02	199.02	0.00	0.00	E
Iron level (83540)	Yes	87.70	87.70	0.00	0.00	E
Iron binding capacity (83550)	Yes	118.31	118.31	0.00	0.00	E
Parathormone (parathyroid hormone) level (83970)	Yes	558.68	558.68	0.00	0.00	E
Urea nitrogen level to assess kidney function (84540)	Yes	64.26	64.26	0.00	0.00	E
Hepatitis B core antibody measurement (86704)	Yes	163.11	163.11	0.00	0.00	E
Hepatitis B surface antibody measurement (86706)	Yes	145.34	145.34	0.00	0.00	E
Red blood cell count, automated test (85041)	Yes	40.73	40.73	0.00	0.00	E
Automated white blood cell count (85048)	Yes	34.40	34.40	0.00	0.00	E
Detection test for Hepatitis B surface antigen (87340)	Yes	139.77	139.77	0.00	0.00	E
Injection, cefazolin sodium, 500 mg (J0690)	Yes	376.20	376.20	0.00	0.00	
Injection, cefazolin sodium, 500 mg (J0690)	Yes	438.90	438.90	0.00	0.00	
Injection, ceftazidime, per 500 mg (J0713)	Yes	1,129.20	1,129.20	0.00	0.00	
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	F
Dialysis procedure including one evaluation (90945)	Yes	2,196.00	96.17	75.21	19.23	F

Claim #21521602397107GAA

(continued)

Continued →

Notes for Claims Above

E This service is paid at 100% of the Medicare approved amount.

F The amount listed in the "Maximum You May Be Billed" column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each facility?

Check the dates. Did you have a service or visit that day?

Did you get the claims listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, tax-payers saved \$4.2 billion—the largest sum ever recovered in a single year—thanks to people who came forward and reported suspicious activity.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer service code is 10201.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call (800) 432-4040.

Your Messages from Medicare

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Save tax dollars by getting your "Medicare & You" handbook electronically. Visit www.mymedicare.gov to sign up.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within 6 months before you retire to update your records. Make sure your health care bills get paid correctly.

Protect yourself from the sun! The sun's UV rays are the leading cause of skin cancer. Prevent skin cancer – wear sunscreen and sunglasses, and see your doctor if you notice any changes to your skin.

March 02, 2015**Spartanburg Medical Center, (864) 560-6000**

101 East Wood Street, Spartanburg, SC 29303-3040

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ground mileage, per statute mile (A0425)		\$63.38	\$0.00	\$0.00	\$0.00	A,B
Ground mileage, per statute mile (A0425)	Yes	97.42	97.42	76.38	19.48	
Ambulance service, advanced life support, emergency transport, level 1 (als1-emergency) (A0427)		256.94	0.00	0.00	0.00	A,B
Ambulance service, advanced life support, emergency transport, level 1 (als1-emergency) (A0427)	Yes	403.06	403.06	316.00	80.61	
Total for Claim #21508400442704SCA		\$820.80	\$500.48	\$392.38	\$100.09	C,D

Notes for Claims Above

- A** This amount is the difference in billed amount and Medicare approved amount.
- B** You should not be billed for this item or service. You are only responsible for any deductible and coinsurance amounts listed in the "You May Be Billed" column.
- C** The amount Medicare paid the provider for this claim is \$392.38.
- D** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.

March 01 - March 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	96.13	75.17	19.23	w

Claim #21509300760707SCA

(continued)

Continued →

Notes for Claims Above

w The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

March 01 - March 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Bilirubin level (82247)	Yes	9.95	9.95	0.00	0.00	n
Calcium level (82310)	Yes	10.21	10.21	0.00	0.00	n
Carbon dioxide (bicarbonate) level (82374)	Yes	9.68	9.68	0.00	0.00	n
Blood chloride level (82435)	Yes	9.11	9.11	0.00	0.00	n
Blood creatinine level (82565)	Yes	74.60	74.60	0.00	0.00	n
Ferritin (blood protein) level (82728)	NO	26.96	0.00	0.00	0.00	o,p,q
Blood glucose (sugar) level (82947)	Yes	7.75	7.75	0.00	0.00	n
Iron level (83540)	NO	12.77	0.00	0.00	0.00	o,p,q
Parathormone (parathyroid hormone) level (83970)	NO	403.69	0.00	0.00	0.00	o,p,q
Phosphatase (enzyme) level (84075)	Yes	10.21	10.21	0.00	0.00	n
Phosphate level (84100)	Yes	9.37	9.37	0.00	0.00	n
Blood potassium level (84132)	Yes	9.16	9.16	0.00	0.00	n
Total protein level, blood (84155)	Yes	5.44	5.44	0.00	0.00	n
Blood sodium level (84295)	Yes	9.53	9.53	0.00	0.00	n
Liver enzyme (SGOT), level (84450)	Yes	10.21	10.21	0.00	0.00	n
Liver enzyme (SGPT), level (84460)	Yes	10.47	10.47	0.00	0.00	n
Transferrin (iron binding protein) level (84466)	NO	25.23	0.00	0.00	0.00	o,p,q
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	n
Red blood count, automated test (85045)	Yes	7.90	7.90	0.00	0.00	n
Hepatitis B core antibody measurement (86704)	Yes	175.30	175.30	0.00	0.00	n
Hepatitis B surface antibody measurement (86706)	Yes	21.20	21.20	0.00	0.00	n

Claim #21509300760707SCA

(continued)

Continued →

Notes for Claims Above

- n** This service is paid at 100% of the Medicare approved amount.
- o** Payment was denied because the maximum benefit allowance has been reached.
- p** You should not be billed for this item or service. You are only responsible for any deductible and coinsurance amounts listed in the "You May Be Billed" column.
- q** Medicare does not pay for this item or service.

February 01 - February 28, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	e
Total for Claim #21506302112807SCA		\$34,755.63	\$7,371.06	\$2,081.52	\$532.28	f,g

February 24, 2015

Mary Black Health System LLC, (864) 573-3000
 1700 Skylyn Drive, Spartanburg, SC 29307-1041
 Referred by Bennett H. Bruckner

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Pharmacy	Yes	\$156.17	\$156.17	\$0.00	\$0.00	h
IV Solutions	Yes	255.47	255.47	0.00	0.00	h
Insertion of needle into vein for collection of blood sample (36415)	Yes	36.57	36.57	0.00	0.00	h
Blood test, basic group of blood chemicals (80048)	Yes	140.60	140.60	0.00	0.00	h
Bacterial culture for aerobic isolates (87077)	Yes	134.42	134.42	0.00	0.00	h
Pathology examination of tissue using a microscope, intermediate complexity (88305)	Yes	595.34	595.34	0.00	0.00	h
Anesthesia	Yes	1,200.17	1,200.17	0.00	0.00	h
Injection, propofol, 10 mg (J2704)	Yes	156.20	156.20	0.00	0.00	h
Recovery Room	Yes	932.34	932.34	0.00	0.00	h

Claim #21505801292407SCA

(continued)

Continued →

Notes for Claims Above

- e** The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.
- f** The amount Medicare paid the provider for this claim is \$2,081.52.
- g** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.
- h** Payment is included in another service received on the same day.

February 01 - February 28, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	b
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	b
Red blood count, automated test (85045)	Yes	7.90	7.90	0.00	0.00	b
Detection test for Hepatitis B surface antigen (87340)	Yes	38.58	38.58	0.00	0.00	b
Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis) (Q0139)	Yes	4,182.00	4,182.00	0.00	0.00	
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.07	74.34	19.01	c

Claim #21506302112807SCA

(continued)

Continued →

Notes for Claims Above

- b** This service is paid at 100% of the Medicare approved amount.
- c** The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

January 30, 2015/Mary Black Health System LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Infusion, normal saline solution, sterile (500 ml=1 unit) (J7040)	Yes	263.13	263.13	0.00	0.00	S
Non-covered item or service (A9270)	NO	7.33	0.00	0.00	7.33	T
Recovery Room	Yes	578.10	578.10	0.00	0.00	S
Total for Claim #21503601502607SCA		\$12,837.12	\$12,829.79	\$1,265.39	\$330.14	U,V

February 01 - February 28, 2015

Spartanburg Dialysis LLC, (864) 587-1507

128 Dillon Drive, Spartanburg, SC 29307-1018

Referred by Charles Murdock

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Pharmacy	Yes	\$116.00	\$116.00	\$0.00	\$0.00	
Syringe, with or without needle, each (A4657)	Yes	10.00	10.00	0.00	0.00	
Albumin (protein) level (82040)	Yes	9.95	9.95	0.00	0.00	W
Albumin (protein) level (82040)	Yes	9.95	9.95	0.00	0.00	W
Bilirubin level (82247)	Yes	9.95	9.95	0.00	0.00	W
Calcium level (82310)	Yes	10.21	10.21	0.00	0.00	W
Calcium level (82310)	Yes	10.21	10.21	0.00	0.00	W
Carbon dioxide (bicarbonate) level (82374)	Yes	9.68	9.68	0.00	0.00	W
Blood chloride level (82435)	Yes	9.11	9.11	0.00	0.00	W
Blood creatinine level (82565)	Yes	74.60	74.60	0.00	0.00	W
Blood creatinine level (82565)	Yes	74.60	74.60	0.00	0.00	W

Claim #21506302112807SCA

(continued)

Continued →

Notes for Claims Above

- S** Payment is included in another service received on the same day.
- T** Medicare does not pay for this item or service.
- U** The amount Medicare paid the provider for this claim is \$1,265.39.
- V** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.
- W** This service is paid at 100% of the Medicare approved amount.

January 01 - January 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N
Dialysis procedure including one evaluation (90945)	Yes	1,045.61	95.20	74.44	19.04	N

Claim #21507501359607SCA

(continued)

Continued →

Notes for Claims Above

N The amount listed in the 'You May Be Billed' column is based on the Medicare approved amount. You are not responsible for the difference between the amount charged and the approved amount.

January 01 - January 31, 2015/Spartanburg Dialysis LLC continued...

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Creatinine level to test for kidney function or muscle injury (82570)	NO	75.20	0.00	0.00	0.00	I,J,K
Creatinine level to test for kidney function or muscle injury (82570)	NO	75.20	0.00	0.00	0.00	I,J,K
Ferritin (blood protein) level (82728)	NO	26.96	0.00	0.00	0.00	I,J,K
Blood glucose (sugar) level (82947)	Yes	7.75	7.75	0.00	0.00	L
Iron level (83540)	NO	12.77	0.00	0.00	0.00	I,J,K
Parathormone (parathyroid hormone) level (83970)	NO	403.69	0.00	0.00	0.00	I,J,K
Phosphatase (enzyme) level (84075)	Yes	10.21	10.21	0.00	0.00	L
Phosphate level (84100)	Yes	9.37	9.37	0.00	0.00	L
Phosphate level (84100)	Yes	9.37	9.37	0.00	0.00	L
Blood potassium level (84132)	Yes	9.16	9.16	0.00	0.00	L
Total protein level, blood (84155)	Yes	5.44	5.44	0.00	0.00	L
Blood sodium level (84295)	Yes	9.53	9.53	0.00	0.00	L
Liver enzyme (SGOT), level (84450)	Yes	10.21	10.21	0.00	0.00	L
Liver enzyme (SGPT), level (84460)	Yes	10.47	10.47	0.00	0.00	L
Transferrin (iron binding protein) level (84466)	NO	25.23	0.00	0.00	0.00	I,J,K
Triglycerides level (84478)	Yes	83.70	83.70	0.00	0.00	L
Urea nitrogen level to assess kidney function (84520)	Yes	7.85	7.85	0.00	0.00	L
Urea nitrogen level to assess kidney function (84520)	NO	7.85	0.00	0.00	0.00	K
Urea nitrogen level to assess kidney function (84540)	Yes	69.00	69.00	0.00	0.00	L
Red blood count, automated test (85045)	Yes	7.90	7.90	0.00	0.00	L
Hepatitis B surface antibody measurement (86706)	Yes	21.20	21.20	0.00	0.00	L
Detection test for Hepatitis B surface antigen (87340)	Yes	38.58	38.58	0.00	0.00	L

Claim #21507501359607SCA

(continued)

Continued →

Notes for Claims Above

- I Payment was denied because the maximum benefit allowance has been reached.
- J You should not be billed for this item or service. You are only responsible for any deductible and coinsurance amounts listed in the "You May Be Billed" column.
- K Medicare does not pay for this item or service.
- L This service is paid at 100% of the Medicare approved amount.

March 02 - March 09, 2015

Spartanburg Medical Center, (864) 560-6000

101 East Wood Street, Spartanburg, SC 29303-3040

Referred by James L. Waring

	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Benefit period starting January 23, 2015	4 days	Yes	\$0.00	\$11,435.57	\$0.00	E
Total for Claim #21507700346504SCA			\$0.00	\$11,435.57	\$0.00	F,G

Continued →

Notes for Claims Above

- E** Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- F** The amount Medicare paid the provider for this claim is \$11,435.57.
- G** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each facility? Check the dates. Did you have a service or visit that day?

Did you get the claims listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, tax-payers saved \$4.3 billion—the largest sum ever recovered in a single year—thanks to people who came forward and reported suspicious activity.

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer service code is 11001.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Call 1-800-868-9095.

Your Benefit Periods

Your hospital and skilled nursing facility (SNF) stays are measured in **benefit days** and **benefit periods**. Every day that you spend in a hospital or SNF counts toward the benefit days in that benefit period. A benefit period begins the first day you receive inpatient hospital services or, in certain circumstances, SNF services, and ends when you haven't received any inpatient care in a hospital or inpatient skilled care in a SNF for 60 days in a row.

Inpatient Hospital and Skilled Nursing Facility:

The benefit periods for all claims on this notice have ended.

See your "Medicare & You" handbook for more information on benefit periods.

Your Messages from Medicare

Medicare covers many preventive services, such as pap tests and glaucoma tests. Check your Medicare & You handbook or visit Medicare.gov to learn more about covered preventive services.

If you call 1-800-MEDICARE (1-800-633-4227), please have your complete Medicare number on hand so your record can be located. To protect your privacy, this MSN doesn't include your entire number.

You have the right to request an **itemized statement**, which details each Medicare item or service you have received from a physician, hospital, or any other healthcare provider or supplier. Contact your provider to get an itemized statement.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.