

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement.
This was done simply to process your claim.

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 09/14/19 SIDI Intestinal exam (colonoscopy)	6,852.30	768.49		614.79		153.70	A
Totals	\$6,852.30	\$768.49		\$614.79		\$153.70	

\$0.00 Your plan paid to you

\$153.70 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 92951-216224-1**Claim Processed
10/24/19**

RAJIV RAJA
PO BOX 39179
PHOENIX, AZ 85069-9179

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 09/14/19 RAJA Anesthesia, colonoscopy	1,590.00	116.34		93.07		23.27	A
Totals	\$1,590.00	\$116.34		\$93.07		\$23.27	

\$0.00 Your plan paid to you

\$23.27 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 92951-376227-1**Claim Processed
10/24/19**

TUCSON PHYS GRP HOLDINGS LLC
PO BOX 22224
BELFAST, ME 04915-4473



Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

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New York residents are served by UnitedHealthcare Insurance Company of New York.

Please contact UnitedHealthcare if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



Toll free: 1.800.523.5880
Español: 1.800.822.0246



www.myAARPMedicare.com

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan F
- Please keep this update for your records.

Statement Date: November 26, 2019

Membership Number: 058717744-11

DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 92390-216990-1

Claim Processed
08/29/19

SEAN J MCCAFFERTY MD PC
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 08/06/19 ROSENLOF Eye exam by physician	220.00	126.12		100.90		25.22	A
Totals	\$220.00	\$126.12		\$100.90		\$25.22	

\$0.00 Your plan paid to you

\$25.22 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 92432-484705-1

Claim Processed
09/05/19

SEAN J MCCAFFERTY MD PC
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Common terms in your Explanation of Benefits

Depending on what kind of plan you have and medical services you received, you may see some or all of these terms in your Explanation of Benefits (EOB) at one time or another. Here is some information about what those terms mean.

Daily Amount

A column heading found in the Medicare Part A and Inpatient Stays section of your EOB.

It is the amount Medicare requires you to pay for each day of your inpatient stay, and is also called the Medicare Part A coinsurance.

Medicare Approved Amount

The amount allowed by Medicare for a health care service. If your provider accepts Medicare assignment, your provider agrees to charge you no more than this amount. If your provider does not accept Medicare assignment, you may be responsible for charges above the Medicare Approved Amount up to the Part B Excess Charge amount.

Medicare Benefit Period

A period of time, determined by Medicare, that starts on the day you enter a hospital for inpatient care and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.

Medicare Part A Deductible

The amount you must pay the first time you are admitted to a hospital in each Medicare benefit period. This amount is found in the Medicare Part A and Inpatient Stays section of your EOB.

Medicare Part B Coinsurance

The amount you are responsible to pay for each covered service you receive under Medicare Part B after your Part B deductible has been met.

Medicare Part B Deductible

The amount you must pay each calendar year toward eligible expenses before Medicare starts paying Part B benefits. The amount applied to the Part B deductible is found in the Medicare Part B Services section of your EOB.

Part B Excess Charge

An amount above the Medicare Approved Amount that your health care provider may legally charge you, if your provider does not accept Medicare assignment. If your plan does not cover the Part B Excess charge, you may be billed for these charges. Some federal and state laws limit the amount your health care provider may charge above the Medicare Approved Amount for certain services.

Plan Cost-Share

Any amount applied to your plan deductible or copay, if applicable to your plan. If you have Medicare Supplement plan K or L, this amount plus the Medicare Part B deductible is applied to your out-of-pocket limit. You may be billed for these amounts by your health care provider in addition to any other balance due. This term is found in the Medicare Part B Services section of your EOB.

Medicare Supplement Plan N Copayment

A fixed amount (for example: \$20) you pay for covered health care, usually when you receive the service. If you have Plan N, this amount is found in the Medicare Part B Services section of your EOB.

Your Plan Deductible

The amount you are required to pay toward certain health care expenses covered by your plan before your plan pays benefits. This amount is found in the Medical Services and Prescription Drugs sections of your EOB.

These plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer. Coverage insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York).

Claim 91991-376458-1**Claim Processed
07/22/19**CARONDELET MEICAL GRP
PO BOX 22224
BELFAST, ME 04915-4473

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 07/02/19 HABIBZAD Doctor's office visit, long	274.00	108.16		86.53		21.63	A
F 07/02/19 HABIBZAD Heart test (EKG)	53.00	16.88		13.50		3.38	A
Totals	\$327.00	\$125.04		\$100.03		\$25.01	

\$0.00 Your plan paid to you

\$25.01 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 92000-306217-1**Claim Processed
07/23/19**ARIZONA STATE RADIOLOGY
PO BOX 27008
SALT LAKE CTY, UT 84127-0008

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/11/19 SAKLA X-ray of hip and pelvis	34.00	11.38		9.10		2.28	A
Totals	\$34.00	\$11.38		\$9.10		\$2.28	

\$0.00 Your plan paid to you

\$2.28 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.



Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

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UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



Toll free: 1.800.523.5880
Español: 1.800.822.0246
TTY: dial 711



www.myAARPMedicare.com

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New York residents are served by UnitedHealthcare Insurance Company of New York.

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan F
- Please keep this update for your records.

Statement Date: August 7, 2019

Membership Number: 058717744-11

DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 91284-484235-1

Claim Processed
05/11/19

SEAN J MCCAFFERTY MD PC
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 04/02/19 KIM Doctor's office visit, long	190.00	108.16		0.00		0.00	A
Totals	\$190.00	\$108.16		\$0.00		\$0.00	

\$0.00 Your plan paid to you

\$0.00 Your plan paid to provider

Notes

A These services were already considered on claim number 91158-206028-1.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91418-216422-1

Claim Processed
05/24/19

SPECIALISTS IN DERMATOLOGY
2732 N ALVERNON WAY
TUCSON, AZ 85712-1804

Common terms in your Explanation of Benefits

Depending on what kind of plan you have and medical services you received, you may see some or all of these terms in your Explanation of Benefits (EOB) at one time or another. Here is some information about what those terms mean.

Daily Amount

A column heading found in the Medicare Part A and Inpatient Stays section of your EOB.

It is the amount Medicare requires you to pay for each day of your inpatient stay, and is also called the Medicare Part A coinsurance.

Medicare Approved Amount

The amount allowed by Medicare for a health care service. If your provider accepts Medicare assignment, your provider agrees to charge you no more than this amount. If your provider does not accept Medicare assignment, you may be responsible for charges above the Medicare Approved Amount up to the Part B Excess Charge amount.

Medicare Benefit Period

A period of time, determined by Medicare, that starts on the day you enter a hospital for inpatient care and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.

Medicare Part A Deductible

The amount you must pay the first time you are admitted to a hospital in each Medicare benefit period. This amount is found in the Medicare Part A and Inpatient Stays section of your EOB.

Medicare Part B Coinsurance

The amount you are responsible to pay for each covered service you receive under Medicare Part B after your Part B deductible has been met.

Medicare Part B Deductible

The amount you must pay each calendar year toward eligible expenses before Medicare starts paying Part B benefits. The amount applied to the Part B deductible is found in the Medicare Part B Services section of your EOB.

Part B Excess Charge

An amount above the Medicare Approved Amount that your health care provider may legally charge you, if your provider does not accept Medicare assignment. If your plan does not cover the Part B Excess charge, you may be billed for these charges. Some federal and state laws limit the amount your health care provider may charge above the Medicare Approved Amount for certain services.

Plan Cost-Share

Any amount applied to your plan deductible or copay, if applicable to your plan. If you have Medicare Supplement plan K or L, this amount plus the Medicare Part B deductible is applied to your out-of-pocket limit. You may be billed for these amounts by your health care provider in addition to any other balance due. This term is found in the Medicare Part B Services section of your EOB.

Medicare Supplement Plan N Copayment

A fixed amount (for example: \$20) you pay for covered health care, usually when you receive the service. If you have Plan N, this amount is found in the Medicare Part B Services section of your EOB.

Your Plan Deductible

The amount you are required to pay toward certain health care expenses covered by your plan before your plan pays benefits. This amount is found in the Medical Services and Prescription Drugs sections of your EOB.

These plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer. Coverage insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York).

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/02/19 KIM Doctor's office visit, long	190.00	108.16		86.53		21.63	A
Totals	\$190.00	\$108.16		\$86.53		\$21.63	

\$0.00 Your plan paid to you

\$21.63 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91215-414641-1

Claim Processed
05/04/19

ST MARYS IMAGING CTR
PO BOX 204702
DALLAS, TX 75320-4702

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/11/19 OFORI X-ray of hip and pelvis	883.45	64.27		51.42		12.85	A
Totals	\$883.45	\$64.27		\$51.42		\$12.85	

\$0.00 Your plan paid to you

\$12.85 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91217-494787-1

Claim Processed
05/04/19

SONORA QUEST LAB
PO BOX 67150
PHOENIX, AZ 85082-7150

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 04/02/19 SHAH CT scan of head or brain	130.00	42.98		34.38		8.60	A
Totals	\$130.00	\$42.98		\$34.38		\$8.60	

\$0.00 Your plan paid to you
 \$8.60 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91098-376829-1

Claim Processed
04/25/19

CARONDELET MEICAL GRP
 PO BOX 22224
 BELFAST, ME 04915-4473

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 04/02/19 MOUKABAR Periodic pacemaker checkup	108.00	38.80		31.04		7.76	A
Totals	\$108.00	\$38.80		\$31.04		\$7.76	

\$0.00 Your plan paid to you
 \$7.76 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91151-376041-1

Claim Processed
04/27/19

SOUND PHYS ER MED
 PO BOX 748120
 LOS ANGELES, CA 90074-8120



Medicare Supplement Plans
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Please contact us if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



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Español: 1.800.822.0246



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New York residents are served by UnitedHealthcare Insurance Company of New York.

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan F

Please keep this update for your records.

Statement Date: May 6, 2019

Membership Number: 058717744-11

DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 91030-216875-1

Claim Processed
04/17/19

SPECIALISTS IN DERMATOLOGY
2732 N ALVERNON WAY
TUCSON, AZ 85712-1804

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 02/28/19 HU Medical services	102.00	68.87		55.10		13.77	A
Totals	\$102.00	\$68.87		\$55.10		\$13.77	

\$0.00 Your plan paid to you

\$13.77 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91082-376588-1

Claim Processed
04/22/19

TUCSON PHYS GRP HOLDINGS LLC
PO BOX 22224
BELFAST, ME 04915-4473

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ
1-800-523-5800.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-800-523-5800.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-800-523-5800.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-800-523-5800.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-800-523-5800.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-800-523-5800.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-800-523-5800 an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。1-800-523-5800 にお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-800-523-5800 تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया 1-800-523-5800 पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-523-5800.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-800-523-5800។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti 1-800-523-5800.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohji' 1-800-523-5800 hodfilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-800-523-5800.

Common terms in your Explanation of Benefits

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Daily Amount

A column heading found in the Medicare Part A and Inpatient Stays section of your EOB.

It is the amount Medicare requires you to pay for each day of your inpatient stay, and is also called the Medicare Part A coinsurance.

Medicare Approved Amount

The amount allowed by Medicare for a health care service. If your provider accepts Medicare assignment, your provider agrees to charge you no more than this amount. If your provider does not accept Medicare assignment, you may be responsible for charges above the Medicare Approved Amount up to the Part B Excess Charge amount.

Medicare Benefit Period

A period of time, determined by Medicare, that starts on the day you enter a hospital for inpatient care and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.

Medicare Part A Deductible

The amount you must pay the first time you are admitted to a hospital in each Medicare benefit period. This amount is found in the Medicare Part A and Inpatient Stays section of your EOB.

Medicare Part B Coinsurance

The amount you are responsible to pay for each covered service you receive under Medicare Part B after your Part B deductible has been met.

Medicare Part B Deductible

The amount you must pay each calendar year toward eligible expenses before Medicare starts paying Part B benefits. The amount applied to the Part B deductible is found in the Medicare Part B Services section of your EOB.

Part B Excess Charge

An amount above the Medicare Approved Amount that your health care provider may legally charge you, if your provider does not accept Medicare assignment. If your plan does not cover the Part B Excess charge, you may be billed for these charges. Some federal and state laws limit the amount your health care provider may charge above the Medicare Approved Amount for certain services.

Plan Cost-Share

Any amount applied to your plan deductible or copay, if applicable to your plan. If you have Medicare Supplement plan K or L, this amount plus the Medicare Part B deductible is applied to your out-of-pocket limit. You may be billed for these amounts by your health care provider in addition to any other balance due. This term is found in the Medicare Part B Services section of your EOB.

Medicare Supplement Plan N Copayment

A fixed amount (for example: \$20) you pay for covered health care, usually when you receive the service. If you have Plan N, this amount is found in the Medicare Part B Services section of your EOB.

Your Plan Deductible

The amount you are required to pay toward certain health care expenses covered by your plan before your plan pays benefits. This amount is found in the Medical Services and Prescription Drugs sections of your EOB.

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Claim 80612-376627-1**Claim Processed
03/03/18**

CARONELET MED GRP
PO BOX 204539
DALLAS, TX 75320-4539

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 02/09/18 HABIBZAD Heart test (EKG)	43.00	16.24		12.99		3.25	A
Totals	\$43.00	\$16.24		\$12.99		\$3.25	

\$0.00 Your plan paid to you
\$3.25 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80642-376590-1**Claim Processed
03/06/18**

CARONELET MED GRP
PO BOX 204539
DALLAS, TX 75320-4539

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 02/09/18 MOUKABAR Periodic pacemaker checkup	93.00	37.05		29.64		7.41	A
Totals	\$93.00	\$37.05		\$29.64		\$7.41	

\$0.00 Your plan paid to you
\$7.41 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80510-206387-1**Claim Processed**
02/21/18SOUTHERN AZ ANESTHESIA SVC
PO BOX 43640
TUCSON, AZ 85733-3640

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/24/18 O'NEILL Anesthesia, abdomen procedure	2,320.00	329.26		263.41		65.85	A
Totals	\$2,320.00	\$329.26		\$263.41		\$65.85	

\$0.00 Your plan paid to you
\$65.85 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80577-206188-1**Claim Processed**
02/27/18ARIZONA FIRST ASST
PO BOX 42123
TUCSON, AZ 85733-2123

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/24/18 COURTIER Scope surgery to repair hernia	371.11	87.27		69.82		17.45	A
Totals	\$371.11	\$87.27		\$69.82		\$17.45	

\$0.00 Your plan paid to you
\$17.45 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 01/03/18 OFORI Doctor's office visit, long	122.50	101.01	101.01	0.00		0.00	A
F 01/03/18 Pt B deductible						101.01	B
Totals	\$122.50	\$101.01	\$101.01	\$0.00		\$101.01	

\$0.00 Your plan paid to you
 \$101.01 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B** Your Plan paid the amount that was applied to the Medicare Part B deductible on this claim.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80312-376687-1

Claim Processed
 02/01/18

CARONELET MED GRP
 PO BOX 204539
 DALLAS, TX 75320-4539

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 01/16/18 LEVINE New doctor office visit	185.00	74.01	74.01	0.00		0.00	A
F 01/16/18 Pt B deductible						74.01	B
Totals	\$185.00	\$74.01	\$74.01	\$0.00		\$74.01	

\$0.00 Your plan paid to you
 \$74.01 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B** Your Plan paid the amount that was applied to the Medicare Part B deductible on this claim.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.



Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

Page 1 of 8

New York residents are served by UnitedHealthcare Insurance Company of New York.

Please contact UnitedHealthcare if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



Toll free: 1.800.523.5880
Español: 1.800.822.0246



TTY: dial 711
www.myAARPMedicare.com

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan F

Please keep this update for your records.

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.

Statement Date: March 7, 2018

Membership Number: 058717744-11

DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON, AZ 85745-3311



Medicare Part B Services: Claim details

Claim 73410-216310-1

Claim Processed
12/08/17

SEAN J MCCAFFERTY
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 11/15/17 LEVINE Eye exam by physician	220.00	120.21		96.17		24.04	A
F 11/15/17 LEVINE Eye scan to detect disease	90.00	36.49		29.19		7.30	A
Totals	\$310.00	\$156.70		\$125.36		\$31.34	

\$0.00 Your plan paid to you
\$31.34 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 73473-206887-1

Claim Processed
12/14/17