

What do I pay?

Your out-of-pocket costs in Original Medicare depend on:

- Whether you have Part A and/or Part B. Most people have both.
- Whether your doctor, other health care provider, or supplier accepts “assignment.”
- The type of health care you need and how often you need it.
- Whether you choose to get services or supplies Medicare doesn't cover. If you do, you pay all costs unless you have other insurance that covers it.
- Whether you have other health insurance that works with Medicare.
- Whether you have Medicaid or get help from your state paying your Medicare costs.
- Whether you have a Medicare Supplement Insurance (Medigap) policy.
- Whether you and your doctor or other health care provider sign a private contract. See page 72.

For more information on how other insurance works with Medicare, see pages 28–29. For more information about help to cover the costs that Original Medicare doesn't cover, see pages 115–116.

How do I know what Medicare paid?

If you have Original Medicare, you'll get a “Medicare Summary Notice” in the mail every 3 months that lists all the services billed to Medicare. The notice shows what Medicare paid and what you may owe the provider. This notice isn't a bill. Read it carefully and do this:

- If you have other insurance, check to see if it covers anything that Medicare didn't.
- Keep your receipts and bills, and compare them to your notice to be sure you got all the services, supplies, or equipment listed. See pages 128–131 for information on Medicare fraud.
- If you paid a bill before you got your notice, compare your notice with the bill to make sure you paid the right amount for your services.
- If an item or service is denied, call your doctor's or other health care provider's office to make sure they submitted the correct information. If not, the office may resubmit the claim.

Definitions of blue words are on pages 145–148.

If you disagree with any decision made, you can file an appeal. See pages 120–123.