

Medicare Billing Statement

Date: 06/01/2024

Statement ID: MB-20240601-001

Beneficiary Information

Name	John Doe	Medicare Number	1EG4-TE5-MK73
Address	123 Main Street, Springfield, ST 12345		

Services and Charges

Date of Service	Description	Provider	Amount Billed	Medicare Approved	Medicare Paid	You May Owe
05/10/2024	Office Visit	Dr. Smith	\$120.00	\$100.00	\$80.00	\$20.00
05/18/2024	Lab Test	ABC Labs	\$50.00	\$40.00	\$32.00	\$8.00

Notes

- Please review your statement carefully.
- If you have questions, contact Medicare at 1-800-MEDICARE (1-800-633-4227).

Comments or Questions

Enter your comments or questions:

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