

Neil Caulkins

From: Matthew Anderson
Sent: Thursday, February 16, 2012 10:13 AM
To: Neil Caulkins
Subject: FW: Hartman claim

Matt

From: Shenyer, Jodee [mailto:jodee.shenyer@countryfinancial.com]
Sent: Thursday, February 16, 2012 10:11 AM
To: Matthew Anderson
Subject: RE: Hartman claim

Hi Matt,

I believe it was **Carlyn Weatherill's** horse. I don't remember her mom and dad's names. Has something come up?

jodee

From: Matthew Anderson [mailto:matthew.anderson@co.kittitas.wa.us]
Sent: Thursday, February 16, 2012 10:00 AM
To: Shenyer, Jodee; Jodee Shenyer
Subject: FW: Hartman claim

Hey Jodee –

Do we know who's horse was involved in the incident last year on Sunday morning, where the fence fell on Ms. Hartman?

Matt

From: Neil Caulkins
Sent: Thursday, February 16, 2012 9:47 AM
To: Matthew Anderson
Subject: Hartman claim

Dear Matt,

Do we have a means of determining whose horse was involved in the Hartman incident? (That's the lady who was injured at the fair when the horse spooked and knocked over a fence on her.)

Neil Caulkins

Notice: All email sent to this address will be received by the Kittitas County email system and may be subject to public disclosure under Chapter 42.56 RCW and to archiving and review.

message id: 38eb45916c6dcbdac24bb8719d004a14

Neil Caulkins

From: Matthew Anderson
Sent: Thursday, December 22, 2011 8:47 AM
To: Neil Caulkins
Subject: Fair Accident
Attachments: Photos of 2010 Fair 059.jpg

Importance: High

Hi Neil,

I have the letter you sent regarding the accident – sorry I seemed so glim – I thought there was a questionnaire or something along those lines – but it sounds like you just want my input. I'll try and provide as much as I can.

I didn't actually witness the accident so largely my information is based on what Ms. Hartman told me, as well as input from Jodee Sheyner (Fair Board Director)

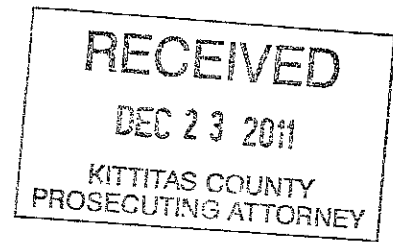
First, you had asked me specifically about the show rings, and their design. The show rings are constructed with powder river panels and are attached to T-Posts that are hammered into the ground with a T-Post driver. The panels are attached to the T-Posts with multiple wire ties and zip ties. The layout and construction of the temporary show rings has been consistent for as long as I've been here – so at least 4 years, and I don't believe they were doing anything different prior to that. The temporary bleachers are placed adjacent to the show rings. There are no prohibited areas to sit in, so Ms Hartman was free to select any seat she would have wanted. Attached is a picture of the show rings and the proximity of the benches. Please note that this was a photo from our 2010 Fair. I don't have a photo specific to the 2011 Show Rings – but again, we did not change the design.

The event that was taking place at the time of the accident was during Open Class Light and Draft Horse Judging – Ultimately what that means is that it wasn't a 4-H Horse that would have been involved. I'm not sure what specific horse was involved in the accident. I was told that as the horse was being judged, it "spooked" and with sufficient force it bumped into one of the powder river panels. Ms. Hartman was sitting on the lower seats and the panel moved enough to knock into her. Before she left the grounds it was obvious that she had been knocked by the panel as there was some blood coming from her head.

In your letter you asked for any records relating to safety precautions – I don't have any further documentation to provide other than the initial incident report which you have on file.

Matthew L. Anderson
Facilities Director - Kittitas County

Kittitas Valley Event Center
512 N Poplar St
Ellensburg WA 98926
(509) 962-7639
(509) 962-7010 fax



PROSECUTOR GL
COMMISSIONERS JK
DEPARTMENT MA
INSURANCE JP

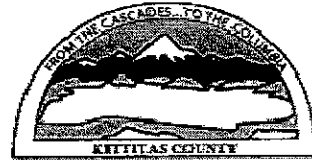
12/16/2011 11:26:39 AM
\$0.00
Claims Against County/r/s/misc
Kittitas County Auditor

201112160016
Page 1 of 13
K CO PROSEC



KITTITAS COUNTY CLAIM FOR DAMAGES

Return to: County Auditor
205 W 5th, Suite 105
Ellensburg, WA 98926



Instructions:

Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married): Jeanne K Hartman

2. Phone #: (Home): 509 925-3767 (Work): () N/A
3. Address (include former address if at present address for less than 6 months): _____
504 E 28th
Ellensburg, WA 98926
4. Date of Incident: 09/04/2011
5. Location of Incident: Bloom Pavillion, Kittitas County Fairgrounds
Ellensburg, WA 98926
6. Describe in detail the defect which caused the injury: Horse and Fence

7. Describe in narrative form and in detail exactly how the incident occurred: _____
The horse spooked and fell over backward onto the metal fence, causing
both the horse and fence to fall on Ms Hartman
8. Was claim investigated by a police officer? Mr Meyers
Sheriff X State Patrol _____ City Police _____
9. Description of claimant's vehicle: _____ Make _____ Year _____
Model _____ License No. _____
10. Describe what you did after the accident occurred: Deputy Mr Meyers drove
Ms Hartman to the hospital.
11. Describe the conversations you had, if any, with County personnel during or after the incident occurred: Ms Hartman gave her statement to Matt Anderson,
Director. See attached
12. Describe the damages or injuries which you sustained as a result of the incident: _____
Head trama, bruises, chest, leg, back, arms, etc.
13. What is the amount of damages claimed? (Include estimates and bills, if available): _____
TBD
14. How did you identify the County as the party responsible for your damage? _____
Ms Hartman was contacted by Matt Anderson, Director

15. List the names and addresses of all witnesses to the incident: _____
Please contact Matt Anderson for information _____

16. Are you covered by insurance? Yes If yes, who is your insurance
agent/carrier? Medicare A & B
AARP Part D & Supplemental

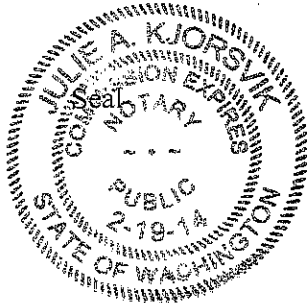
Dated this _____ Day of _____, 20 ____.

Jeannette K. Hartman
Signature of Claimant

*** Notary ***

Julie A. Kjorsvik
Verified signature of Claimant

Subscribed and sworn (affirmed) to before me this 16th Day of December, 20 11.

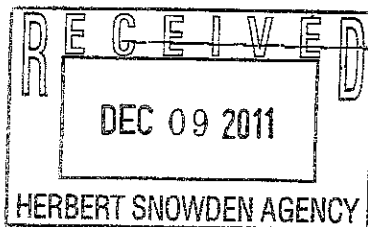


Notary Public in and for the State of Washington
Residing at Ellensburg

Kittitas County Fair and Fairgrounds

EVENT INCIDENT/ACCIDENT REPORTING FORM

Fairgrounds representative
accident reported to or at scene:



INJURED: (Patron) (Employee) (Contractor) (Other:)
Name: Jeanie K. Hartman AGE: 56 HT: 5'-5 1/2"

WT: _____ SEX: (M) ☒ (F) _____ PHONE: 509-925-3267

ADDRESS: 504 E 28th Ave.

CITY: Ellensburg STATE: WA ZIP: 98926

SITE NAME/LOCATION: (Indoor)(Outdoor)

TYPE: (Fair) ☒ (Festival) (Parade) (livestock Show) (Other:)

INJURY: _____
DATE: Sept 4, 2011

INJURED BODY PART: head - face, arms, legs back, neck, hands

CONDITION: stitches, bruises, abrasions
(Sprain, Fracture, Concussion, etc.)

TIME

- ☒ Morning
☐ Afternoon
☐ Evening
☐ After Hours

DISPOSITION

- ☐ On-Site Care Only
☐ Ambulance to: Driven by security to KUC H
☐ Refused Care
☐ Fatality

OCCASION:

- ☐ ARRIVING AT SITE
☐ SETTING UP
☐ QUEUING
☐ ENTERING EVENT/RIDE
☒ DURING EVENT/RIDE:
(Early) (Mid) (Late)
☐ EXITING EVENT/RIDE
☐ BETWEEN EVENTS/RIDES
☐ DEPARTING SITE

Name of Ride & Manufacturer
or Special Event:

Horse show at Fair

ACTIVITY:

- ☒ NORMAL USE
☐ HORSEPLAY
☐ FIGHTING WITH:

☐ OTHER: _____

LOCATION:

- ☐ PARKING LOT
☐ WALKWAY
☐ AT RIDE: (Mechanical)
(Dark) (Water)
☐ GAME BOOTH
☐ ANIMAL CAGE/STALL
☒ INDOOR ARENA
☐ OUTDOOR ARENA
☐ ARCADE
☐ RESTAURANT
☐ MIDWAY
☐ OTHER: _____

SURFACE CONDITION:

- ☒ NOT APPLICABLE
☐ NORMAL
☐ WET
☐ ICY
☐ LOOSE GRAVEL
☐ IRREGULAR
☐ OTHER: _____

SITUATION:

- ☐ FALL (Slipped) (Pushed)
(Tripped) (Lost Balance)

☒ HIT BY: Horse
+ metal fence

☐ COLLISION WITH: _____

☐ OTHER: _____

IF A FALL, SHOE WORN:

- ☐ SNEAKERS
☐ SANDALS/THONGS
☐ SLIP-ONS
☐ LOAFERS
☐ WALKING SHOES
☐ PUMPS
☐ HIGH HEELS
☐ BOOTS
☐ NONE
☐ OTHER: _____

SPECIAL CIRCUMSTANCES:

- ☒ NONE
☐ UNAUTHORIZED ACTIVITY
☐ EQUIPMENT-RELATED
☐ OPERATOR-RELATED
☐ INTOXICATION:
(Injured Person) (Other Person)
☐ OTHER: _____

DESCRIBE HOW ACCIDENT HAPPENED:

Horse spooked fell over on fence then all on me.

(Over for witness information)

(print)

Respondent: Jeanie K. Hartman Phone: 509-925-3267

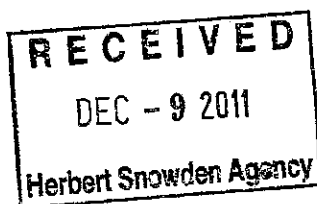
VALLEY VISION ASSOCIATES, LLP
2201 W DOLARWAY RD, STE 2
ELLENSBURG, WA 98926
509-925-1000 Fax 509-925-2474
www.valleyvisionassociates.com

PATIENT: (A) HARTMAN, JEANNE K

MS JEANNE HARTMAN
504 E 28TH AVE
ELLENSBURG, WA 98926

DATE	P	ACTIVITY	ID	AMOUNT	ADJUST	CREDIT	BALANCE
05/26/10		PREVIOUS BALANCE					0.00
11/21/11		Pmt - CREDIT CARD	***	0.00	0.00	300.00	-300.00
11/23/11	A	Frame [598]	WRM	180.00	0.00	0.00	-120.00
11/23/11	A	1.67 HIX DIGIT	WRM	185.00	0.00	0.00	65.00
11/23/11	A	1.67 HIX DIGIT	WRM	185.00	0.00	0.00	250.00
11/23/11	A	TRANS-B MF Tint	WRM	95.00	0.00	0.00	345.00
11/23/11	A	CZL ALIZE	WRM	90.00	0.00	0.00	435.00
11/23/11	A	NON INS CASH DISCOUNT	***	0.00	73.50	0.00	361.50

- 100.00
261.50



BALANCE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS
\$ 361.50	\$ 361.50	\$ 0.00	\$ 0.00	\$ 0.00

YOU MAY PAY YOUR BALANCE WITH YOUR BANK CARD OVER THE PHONE
PLEASE CALL THE OFFICE AT 509-925-1000

(PLEASE RETURN THIS PORTION WITH PAYMENT)

MS JEANNE HARTMAN
504 E 28TH AVE
ELLENSBURG, WA 98926

STATEMENT DATE: 11/25/11

DUE DATE: 12/05/11

AMOUNT DUE: \$361.50

ACCOUNT #: 13893

AMOUNT PAID: _____

RECEIPT

VALLEY VISION ASSOCIATES, LLP
2201 W DOLARWAY RD, STE 2
ELLENSBURG, WA 98926
509-925-1000 Fax 509-925-2474
www.valleyvisionassociates.com

MS JEANNE HARTMAN
504 E 28TH AVE
ELLENSBURG, WA 98926

Account #: 13893
Patient(s): HARTMAN, JEANNE K

DATE	DOS	PATIENT	ACTIVITY	ID	UNITS	AMOUNT	ADJUST	CREDIT
12/06/11			Pmt - CASH	***		\$0.00	\$0.00	\$100.00
Grand Totals for the period beginning 12/06/2011:						\$ 0.00	\$ 0.00	\$ 100.00
Total Receipt Balance:							-\$	100.00
Responsible Balance:			\$	261.50	Previous Balance:		\$	361.50
Amount Expected from Insurance:			\$	0.00	Account Balance:		\$	261.50

DATE	LENSES	FRAMES	MISC.	SUN-GLASS	SALES TAX	TOTAL FEE	PAYMENT	ADJ.	BALANCE
						160.50	300.00		361.50

MODERN OPTICAL / VALLEY VISION ASSOCIATES LLC

2201 West Dolarway Road Suite 2

Ellensburg, WA 98926

(509) 925-9611 • FAX (509) 962-9135

TAX ID # 20-8092204

NAME Senior discount 10%

() SV Lenses

() Bifocal

() Trifocal

() Varilux

() Tint

() A-R cote/ UV cote

() Roll/Polish

() Frame

() Sunglasses

() Repairs

() Misc

CASH ☐

Visa ☐

MC ☐

Am.Exp. ☐

Disc. ☐

WARRANTY

FRAME

LENS

CUSTOMER'S

SIGNATURE

X

THANK YOU FOR CHOOSING OUR OFFICE FOR YOUR VISION CARE

WE DO NOT GUARANTEE INSURANCE PAYMENT AMOUNTS

☐ Bill Insurance

VALLEY VISION ASSOCIATE
2201 W. DOLARWAY STE 2
ELLENSBURG, WA 98926

TERMINAL I.D.: 10012647

MERCHANT #: 000394200100029

VISA

*****2895

SALE

BATCH: 000617

DATE: NOV 21, 11

RRN: 132523078305

INVOICE: 000007

TIME: 15:43

AUTH NO: 003338

TOTAL \$300.00

JEANNE HARTMAN

THANK YOU!

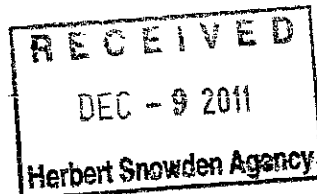
CUSTOMER COPY

RECEIVED
DEC - 9 2011
Herbert Snowden Agency

DATE	DESCRIPTION	AMOUNT
09/04/11	CT SCAN	1,297.07
09/04/11	EMERGENCY SERVICES	725.34
09/04/11	PHARMACY SELF ADMINISTRABLE	32.50
09/04/11	PHYSICIAN SERVICES-ED OR CEUCC	461.72
09/30/11	ADJUSTMENT - MEDICARE	1,385.71CR
09/30/11	PAYMENT - MEDICARE	656.70CR
11/10/11	PAYMENT - INSURANCE	441.72CR

DATES MAY REFLECT POSTING DATE OR SERVICE DATE

PAGE 1 OF 1



IMPORTANT MESSAGE

Your insurance has processed this claim. This statement represents the balance due from you. Please remit your payment in full or contact our office to make arrangements. If you have a question about how your insurance benefits or co-insurance amounts were determined, please contact your insurance directly.

FOR BILLING INQUIRIES CALL 509-962-9841

THANK YOU FOR CHOOSING KVCH.

Patient Name

HARTMAN, JEANNE K

VISIT NUMBER

01157583

ACCOUNT SUMMARY

Previous Balance	.00
Payments/Adjustments	-2,484.13
Current Balance	32.50

Dec 6, 2011
4453

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21125901228602WAA Kittitas County Public Hospital 603s Chestnut St Ellensburg, WA 98926-3875 Referred by: Matthew E. Seaman						d
09/04/11	Ct head/brain w/o dye (70450)	\$1,297.07	\$0.00	\$259.41	\$259.41	e
	Repair superficial wound(s) (12013)	280.18	0.00	56.04	56.04	
	Emergency dept visit (99284)	445.16	0.00	89.03	89.03	
	Non-covered item or service (A9270)	32.50	32.50	0.00	32.50	f
	Repair superficial wound(s) (12013)	234.50	0.00	14.52	14.52	
	Emergency dept visit (99284)	227.22	0.00	22.72	22.72	
Claim Total		\$2,516.63	\$32.50	\$441.72	\$474.22	
Control number 21123801570602WAA Kittitas Valley Community Hospital 716 E Manitoba Ave Ellensburg, WA 98926-3842 Referred by: Mark W. Larson						g
03/10/11	Rural/Clinic	\$200.00	\$0.00	\$40.00	\$40.00	
Control number 21126201493102WAA Kittitas Valley Community Hospital 716 E Manitoba Ave Ellensburg, WA 98926-3842 Referred by: Mark W. Larson						h
09/12/11	Rural/Clinic	\$135.00	\$0.00	\$27.00	\$27.00	

Notes Section:

- a The amount Medicare paid the provider for this claim is \$166.82.
- b This is an adjustment to a previously processed claim and/or deductible record.
- c The following policies 150.3
- d The amount Medicare paid the provider for this claim is \$656.70.
- e The following policies L28673 L28671

(continued)

THIS IS NOT A BILL - Keep this notice for your records.



Medicare Summary Notice

November 07, 2011

JEANNE K. HARTMAN
504 E 28TH AVE
ELLENSBURG, WA 98926-3098

BE INFORMED: Read your Medicare Summary Notice carefully for accuracy of dates, services, and amounts billed to Medicare.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-1592A
If you have questions, call 1-800-Medicare
(1-800-633-4227) (#00326)

Ask for Hospital Services
TTY users should call: 1-877-486-2048

Appeals Address: Please see the General Information Section.
www.medicare.gov

This is a summary of claims processed from 08/19/2011 through 09/22/2011.

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122901415708WAA Kittitas County Public Hospital 603s Chestnut St Ellensburg, WA 98926-3875 Referred by: T Beckett 03/15/11						a,b
	Dxa bone density axial (77080)	\$269.10	\$0.00	\$0.00	\$0.00	c
	Mammogram screening (77057)	170.10	0.00	0.00	0.00	
Claim Total		\$439.20	\$0.00	\$0.00	\$0.00	

THIS IS NOT A BILL - Keep this notice for your records.

THIS IS NOT A BILL - PLEASE RETAIN FOR YOUR RECORDS

NOVEMBER 3, 2011

PAGE 3 OF 3

Plan	Provider	Dates of Service From To	Type of Service	Amount Charged	Medicare Approved	Medicare Paid	Applied to Deductible Medicare AARP	M A	Benefit	Paid to Provider	Paid to You
6.	CLAIM # 12970-692219-1										
F	KITTITAS	09/04/11	PART B BENEFITS	2516.63	2484.13	2042.41					
				Y					441.72	441.72	0.00
				TOTAL					441.72	441.72	0.00

WHEN YOUR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT, WE CALCULATE YOUR BENEFIT BASED ON THE AMOUNT APPROVED BY MEDICARE.

Definitions:

~~Applied to Deductible - Medicare: The amount, determined under Medicare, that was applied to your Medicare Part B deductible.~~

~~Applied to Deductible - AARP: The expense paid before receiving benefits under AARP Medicare Supplement Plans.~~

~~MA Column: A "Y" in the Medicare Assignment (MA) column means that the provider of service accepted Medicare's assignment and agreed to charge you no more than the amount Medicare approved for the service.~~

~~Paid to Provider: This amount was paid directly to the provider of service because we received notification that you assigned benefits to the provider.~~

~~Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.~~

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).

EXPLANATION OF BENEFITS

THIS IS NOT A BILL - PLEASE RETAIN FOR YOUR RECORDS

Insured: MS JEANNE HARTMAN*

NOVEMBER 3, 2011

Membership # 309247198

PAGE 2 OF 3

Plan	Provider	Dates of Service From To	Type of Service	Amount Charged	Medicare Approved	Medicare Paid	Applied to Deductible AARP	M A	Benefit	Paid to Provider	Paid to You
	1. CLAIM # 12303-819237-1 F MEDICAL LABORATORY 07/13/11		LABORATORY	300.00	228.38	182.70		Y	45.68	45.68	0.00
	WHEN YOUR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT, WE CALCULATE YOUR BENEFIT BASED ON THE AMOUNT APPROVED BY MEDICARE.										
	2. CLAIM # 12552-903014-1 F VALLEY CLINIC 07/13/11		PART B BENEFITS	420.00	420.00	336.00		Y	84.00	84.00	0.00
	WHEN YOUR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT, WE CALCULATE YOUR BENEFIT BASED ON THE AMOUNT APPROVED BY MEDICARE.										
	3. CLAIM # 12662-809126-1 F GLENSKI 09/04/11		RADIOLOGY	181.00	41.71	33.37		Y	8.34	8.34	0.00
	WHEN YOUR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT, WE CALCULATE YOUR BENEFIT BASED ON THE AMOUNT APPROVED BY MEDICARE.										
	4. CLAIM # 12906-903083-1 F VALLEY CLINIC 03/10/11		MEDICAL VISIT	200.00	200.00	160.00		Y	40.00	40.00	0.00
	WHEN YOUR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT, WE CALCULATE YOUR BENEFIT BASED ON THE AMOUNT APPROVED BY MEDICARE.										
	5. CLAIM # 12906-903662-1 F THE VALLEY CLINIC 09/12/11		PART B BENEFITS	135.00	135.00	108.00		Y	27.00	27.00	0.00
	WHEN YOUR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT, WE CALCULATE YOUR BENEFIT BASED ON THE AMOUNT APPROVED BY MEDICARE.										
	TOTAL										



Definitions:

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~~Applied to Deductible - AARP: The expense paid before receiving benefits under AARP Medicare Supplement Plans.~~

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~~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).~~



Medicare Summary Notice

November 14, 2011

JEANNE K HARTMAN
504 E 28TH AVE
ELLENSBURG, WA 98926-3098

BE INFORMED: You may see some claims that have been adjusted. For an explanation see the General Information section.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-1592A

If you have questions call:
1-800-MEDICARE (1-800-633-4227)
(#00836)

Ask for Doctor Services
TTY for hearing impaired: 1-877-486-2048

Appeals Address:
Please see the General Information section.

This is a summary of claims processed from 09/19/2011 through 11/01/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-11293-393-740						
Jason Berreman, Arnp, Ps, 3810 Kern Way D, Yakima, WA 98902-7805						
Berreman, Jason L.						
10/19/11						
1.0 Office/outpatient visit new (99202)						
\$128.66						
\$59.61						
\$47.69						
\$11.92						
a						
Claim number 11-11251-400-180						
Yakima Valley Radiology Inc, PO Box 2925, Yakima, WA 98907-2925						
Referred by: Seaman, Matthew Edwin						
Dr. Glenski, William J.						
09/04/11						
1.0 Ct head/brain w/o dye (70450-26) professional charge						
\$181.00						
\$41.71						
\$33.37						
\$8.34						
a						

THIS IS NOT A BILL - Keep This Notice For Your Records.

November 14, 2011

Notes Section:

- a We have sent your claim to your Medigap insurer. Send any questions regarding your benefits to them. Your Medigap insurer is UNITEDHEALTH GROUP.

Deductible Information:

You have met the Part B deductible for 2011.

General Information:

You have the right to make a request for an itemized statement which details each Medicare item or service which you have received from your physician, hospital or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

NOTICE: Please send written appeal requests to: Medicare Operations (#00836) NW, 900 42nd Street South, Fargo, ND 58103. Only appeals related correspondence sent to this address will be answered. For general inquiries, please call 1-800 MEDICARE.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Medicare covers benefits to help control diabetes. Benefits include screenings to check for diabetes, your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

UnitedHealthcare Insurance Company
PO Box 740819
Atlanta, GA 30374-0819

If you have questions please contact us at:

UnitedHealthcare Insurance Company
PO Box 740819
Atlanta, GA 30374-0819
TOLL FREE : 1-800-523-5880
TTY#: 711
ESPAÑOL : 1-800-822-0246

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MS JEANNE HARTMAN*
504 E 28TH AVE
ELLENSBURG WA 98926-3098

SUMMARY OF BENEFITS

MEMBERSHIP # 309247198

NOVEMBER 3, 2011

	Paid to Provider(s)	Paid to You
Totals	\$646.74	\$0.00

If you suspect fraud, call the Fraud Hotline at 1-800-242-0453

Please remember to submit your claims on a timely basis. The certificate of insurance includes a time limit for submitting proof of loss.



Supplemental and Personal Health
Plans insured by UnitedHealthcare
Insurance Company

