



MEDICARE FRAUD ALERT

January 2014
Unsolicited Post Card Mail Outs

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How the scam works:

You may receive a post card in the mail (like the one attached) which sounds alarming and threatening—something like “Your Medicare benefits have been reduced by Congress!” or it may refer to an insurance policy. It looks official and important so you fill it out and send it back—after all, it is a postage paid card! What can it hurt?

While these cards are not illegal or outside of the guidelines, they do cause confusion and fear in beneficiaries. The problem with them is that they are a mean of gaining leads. Once you fill out the card and return it to the sender, your name and contact information is added to a lead list and this gives that company the right to contact you.

Best response? Throw the mail away. If you are concerned call someone to discuss it or contact your Arkansas SMP.

REPORT all scams to the Arkansas SMP—866-726-2916



The Arkansas SMP (Senior Medicare Patrol) is a grant program administered by the Department of Human Services Division of Aging & Adult Services. This publication was paid for by a grant from the Administration for Community Living, Administration on Aging (AOA). Points expressed herein do not necessarily reflect official AOA policy.

IMPORTANT: 2014 MEDICARE CHANGES

Your Medicare benefits have been reduced by Congress due to increases in your Deductibles and "Part A" Co-Insurance payment. Now Medicare pays less of your health care cost and you are responsible for the unpaid balance.

Also, the DRG PROSPECTIVE PAYMENT SYSTEM is still in effect and sets PER AILMENT CEILINGS on MEDICARE'S payment to a hospital. Because of these CEILINGS, many hospitals are now transferring patients to lower cost nursing homes or extended care facilities.

For FREE information on your current Deductibles and Co-Insurance payments as well as per ailment ceilings set by Medicare and the benefits now in effect, return this postage paid inquiry card today!

Name: _____
Date of Birth: _____
Spouse: _____
Date of Birth: _____
Phone: _____
B712

PLEASE VERIFY ADDRESS AND INCLUDE PHONE #. NOT AFFILIATED WITH OR ENDORSED BY ANY GOVERNMENT AGENCY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 690 ROCKWALL TX

POSTAGE WILL BE PAID BY ADDRESSEE

SD REPLY CENTER
PO BOX 2528
ROCKWALL TX 75087-9973

