Eligibility Coverage Detail Report

VELEZ, PAULA

Provider: 297068 as of 07/28/2025 Eligibility Period: 07/28/24 - 11/22/25

Patient Name: VELEZ, PAULA Beneficiary ID:4A27YV4AD63 Birth Date: 06/30/1940 Gender: F

Per Medicare: VELEZ PAULA

Address: 3821 WHITE QUAIL CT

N LAS VEGAS NV 89032-9064 Previous Inquiry Date: 07/25/2025

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date:

Part A: 12/01/2008 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:

Part B: 05/01/2015 - ESRD Coverage Period Date:

Date of Death - Smoking Cessation Days: 8 Initial Cessation Session Date:

QMB: 03/01/2016 - NV QMB Plan Beneficiary ID Crosswalk: Data not Available

Part A/B

Part A													
	Hospital Days						ays		Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full C	oins.	Base	Full C	oins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	05/22/2025 -	05/25/2025	57	30	\$ 0.00	20	80	\$ 0.00					
BASE	01/01/2025	12/31/2025	60	30	\$ 0.00	20	80	\$ 0.00			\$ 0.00	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 0.00	20	80	\$ 0.00			\$ 0.00	\$ 0.00	3

Part A/B Hospital SNF Stay

Start Date			Billing NPI	Billing Provider
05/22/2025	05/25/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAI

QMB

Start	End	Plan Description			
03/01/2016		NV QMB Plan			

Part D

Ellective	reminated	Plan Code Payer Name/Address	Plan Name/ Website	Phone
09/01/202	3 -	S5921-410 UNITEDHEALTHCARE I	NS. CO. & UHC INS. CO. OF NY AARP Medicare Rx Preferred from UHC	(866) 460-8854

185 Asylum Street
Hartford CT 061030450
AARPMedicarePlans.com

Process Date Is Recert?

06014

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Rehabilitation Sessions

Pulmonary Remain	ing (G0424)		Cardiac Applied (93797)	93798)	Intensive Cardia	Intensive Cardiac Applied (G0422, G0423)				
Tech: 72	Prof:	72	Tech: 0 Pro	f· n	Tech:	Ω	Prof:	0		

Home Health Certification

Process Date Is Recert?

04/24	/2022	Υ	02/23/2022	Υ	12/25/2021	Υ	10/26/2021	N	
Home He	alth Episo	des							
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider			

NOA W/O condition code 47

05/26/2025 06/24/2025 **Behavioral Services**

				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
G0444	Adult Depression Screening	05/01/2015	05/01/2015			
G0442	Alcohol Misuse Screening		05/01/2015			
G0446	Cardiovascular Disease Counseling	05/01/2015	05/01/2015			
G0447	Obesity Counseling	05/01/2015	05/01/2015			
G0473	Obesity Counseling	05/01/2015	05/01/2015			

Help Document Link

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Process Date Is Recert?

1235247792 CARING NURSES, INC.

The information for this report was generated from a request dated 07/28/2025 11:00 AM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.

Caring Nurses, Inc

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Patient Name: VELEZ, PAULA				Beneficiary ID:4A27YV4AD63			Birth Date: 06/30	Birth Date: 06/30/1940		
Behavio	ral Servi	ces								
								Deductible	Deductible	Coinsurance
HCPCS	Descripti	ion			Т	ech Date	Prof Date	Base	Remaining	Percent
G0445	STIs Scr	eening/Co	unseling		0	5/01/2015	05/01/2015			
Diabete	Diabetes Prevention Program (MDPP)									
Entitlemer From	nt To	HCPCS	Ded Coins	Date of Service	Proc	Description		Billing NPI	Name	
07/29/202	2/ 11/22/20	125	0.00 0.00							

Provider Detail

1235247792 CARING NURSES, INC. 2968 E RUSSELL RD LAS VEGAS NV 89120-2453

The following sections had no data available: Hospice, Medicare Advantage, MSP

The following sections were suppressed: Preventive Services