Eligibility Coverage Detail Report

CONTI, SUZANNE

Provider: 297068 as of 07/29/2025 Eligibility Period: 07/29/24 - 11/23/25

Patient Name: CONTI, SUZANNE Per Medicare: CONTI SUZANNE M

Address: APT 117 6741 N DECATUR BLVD

LAS VEGAS NV 89131-2741

Birth Date: 07/08/1946

Gender: F

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Lifetime Psychiatric Days: 190 ESRD Dialysis Date: Effective Terminated Part A: 07/01/2011 -Lifetime Reserve Days: 60 ESRD Transplant Eff. Date: Part B: 07/01/2011 -ESRD Coverage Period Date:

Beneficiary ID:5FP8QY6UG55

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

QMB: Beneficiary ID Crosswalk: Data not Available

Part A/B

Part A								Part B					
			Hospit	tal Day	/S	SNF [Days		Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full C	Coins.	Base	Full C	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 0.00	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 0.00	\$ 0.00	3

Part D

Effective Terminate	d Plan Code Payer Name/Address	Plan Name/Website	Phone
01/01/2022 -	S4802-093 WELLCARE PRESCRIPTION INSURANCE, INC.	Wellcare Classic	(888) 888-9355
	7700 F II. DI . I		

7700 Forsyth Blvd Clayton MO 63105 www.wellcare.com/PDP

Rehabilitation Sessions

Pulmonary Remaining (G0424) Cardiac Applied (93797, 93798) Intensive Cardiac Applied (G0422, G0423) Tech: 72 Prof: 72 Tech: Prof: Tech: Prof:

Home	Health	Episodes
HOHIE	Health	LDISUUCS

	-							
Start Date	End Date	Earliest Billing	Latest Billing	Patie	ent Status/Des	Interm	Provider	
05/16/2025	06/14/2025	05/19/2025	06/09/2025	01	Discharged to ho	me or self06014	1720712235	
04/16/2025	05/15/2025	04/16/2025	05/15/2025	30	Still patient	06014	1720712235	

Behavioral Services

				Deductible Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base Remaining	Percent
G0444	Adult Depression Screening	10/14/2011	06/01/2026	- waived -	- waived -
G0442	Alcohol Misuse Screening		10/14/2011	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	- waived -
G0447	Obesity Counseling	11/29/2011	11/29/2011	- waived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	- waived -

Diabetes Prevention Program (MDPP)

Entitlement			Date of			Billing	
From	То	HCPCS Ded Coins	Service	Proc	Description	NPI	Name

07/29/2024 11/23/2025 0.00 0.00

Provider Detail

1720712235

Provider detail not available.

Help Document Link

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Caring Nurses, Inc

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Patient Name: CONTI, SUZANNE Beneficiary ID: 5FP8QY6UG55 Birth Date: 07/08/1946 Gender: F

Immunizations

Part B Status: Part B Date:

Part B Deductible
Part B Coinsurance

HCPCS Description Vaccination Date Rendering NPI Rendering Name

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

The following sections were suppressed: Preventive Services

^{*} Previous requests must be within 90 days to be used for change comparison. Requests after 90 days are considered "new."



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