

Patient Name: FRITSCHMANN, DAVID

Beneficiary ID:6QG9CD8DN44

Birth Date: 08/06/1973

Gender:M

Per Medicare: FRITSCHMANN DAVID E

Address: 4205 W TROPICANA BLV APT A2008

LAS VEGAS NV 89103-5418

Previous Inquiry Date: N/A - new inquiry*

Benefit Information											
Effective	Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:					
Part A: 03/01/2013 -		Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:					
Part B: 11/01/2013 -						ESRD Coverage Period Date:					
Date of Death	-	Smoking Cessation Days: 8				Initial Cessation Session Date:					
QMB: 11/01/2023	05/31/2025	- CA QMB Plan				Beneficiary ID Crosswalk: Data not Available					

Part A/B												
Part A										Part B		
Type	First Bill	Last Bill	Hospital Days		SNF Days		Inpatient		Deductible	Physical	Occupational	Blood Pints
			Full	Coins.	Base	Full	Coins.	Base	Remaining	Therapy	Therapy	Part A/B
SPELL	04/12/2025 -	04/14/2025	58	30	\$ 0.00	20	80	\$ 0.00				
SPELL	10/12/2024 -	10/14/2024	58	30	\$ 0.00	20	80	\$ 0.00				
BASE	06/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 0.00	3
BASE	01/01/2025	05/31/2025	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	End Date	Type	Billing NPI	Billing Provider	
04/12/2025	04/14/2025	Hospital	1275576381	SADDLEBACK MEMORIAL MEDICAL CENTER	
10/12/2024	10/14/2024	Hospital	1275576381	SADDLEBACK MEMORIAL MEDICAL CENTER	

QMB		
Start	End	Plan Description
11/01/2023	05/31/2025	CA QMB Plan

Part D					
Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2025 -		S5601-064	SILVERSCRIPT INSURANCE COMPANY 445 Great Circle Road Nashville TN 37228	SilverScript Choice www.aetnamedicare.com	(866) 235-5660
01/01/2024 - 12/31/2024		S5601-207	SILVERSCRIPT INSURANCE COMPANY 445 Great Circle Road Nashville TN 37228	SilverScript SmartSaver www.aetnamedicare.com	(866) 235-5660

Rehabilitation Sessions											
Pulmonary Remaining (G0424)				Cardiac Applied (93797, 93798)				Intensive Cardiac Applied (G0422, G0423)			
Tech:	72	Prof:	72	Tech:	0	Prof:	0	Tech:	0	Prof:	0

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Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
04/21/2025	05/20/2025	04/22/2025	04/28/2025	01 Discharged to home or self	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
03/22/2025	04/20/2025	03/24/2025	04/20/2025	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
02/20/2025	03/21/2025	02/25/2025	03/21/2025	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
01/21/2025	02/19/2025	01/24/2025	02/19/2025	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
12/22/2024	01/20/2025	12/23/2024	01/20/2025	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
11/22/2024	12/21/2024	12/04/2024	12/21/2024	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
10/23/2024	11/21/2024	10/31/2024	11/21/2024	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI
09/23/2024	10/22/2024	09/23/2024	10/22/2024	30 Still patient	06014	1609001767 HEALTHWAYS HOME HEALTH SERVI

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	11/01/2013	11/01/2013	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		11/01/2013	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	11/01/2013	11/01/2013	- waived -	-	- waived -
G0447	Obesity Counseling	11/01/2013	11/01/2013	- waived -	-	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	-	- waived -
G0445	STIs Screening/Counseling	11/01/2013	11/01/2013	- waived -	-	- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
07/30/2024	11/24/2025		0.00	0.00					

Provider Detail

1609001767
HEALTHWAYS HOME HEALTH SERVICES, INC.
34 EXECUTIVE PARK SUITE 212
IRVINE CA 92614-6756

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

The information for this report was generated from a request dated 07/30/2025 12:49 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Ana Guerrero.