

Patient Name: MOTTER, LEROY

Beneficiary ID:6AA1WD4MT23

Birth Date: 01/11/1945

Gender:M

Per Medicare: MOTTER LEROY E

Address: 2624 LOTUS HILL DR

LAS VEGAS NV 89134-7857

Previous Inquiry Date: N/A - new inquiry*

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:				
Part A: 01/01/2010		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 01/01/2010		-					ESRD Coverage Period Date:				
Date of Death		-	Smoking Cessation Days: 8				Initial Cessation Session Date:				
QMB:		-					Beneficiary ID Crosswalk: Data not Available				

Part A/B													
Part A										Part B			Blood Pints Part A/B
Type	First Bill	Last Bill	Hospital Days		SNF Days		Inpatient		Deductible	Physical	Occupational		
			Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	
SPELL	05/05/2025 - 05/10/2025		55	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	07/30/2024 - 08/24/2024		36	30	\$ 408.00	20	80	\$ 204.00	\$0.00				
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 170.12	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 28.76	\$ 0.00	3

Part A/B Hospital SNF Stay					
Start Date	End Date	Type	Billing NPI	Billing Provider	
05/05/2025	05/10/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	
08/12/2024	08/24/2024	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT	
08/06/2024	08/12/2024	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	
07/30/2024	08/05/2024	Hospital	1861439952	SUNRISE HOSPITAL AND MEDICAL CENTER	

Part D					
Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2025 -		S5921-410	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY 185 Asylum Street Hartford CT 061030450	AARP Medicare Rx Preferred from UHC AARPMedicarePlans.com	(866) 460-8854
11/01/2017 - 12/31/2024		S5820-028	UNITEDHEALTHCARE INSURANCE COMPANY 185 Asylum Street Hartford CT 061030450	AARP Medicare Rx Preferred from UHC AARPMedicarePlans.com	(888) 867-5575

Rehabilitation Sessions											
Pulmonary Remaining (G0424)				Cardiac Applied (93797, 93798)				Intensive Cardiac Applied (G0422, G0423)			
Tech:	60	Prof:	72	Tech:	105	Prof:	0	Tech:	0	Prof:	0

Home Health Episodes							
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
03/23/2025	04/21/2025	03/28/2025	04/21/2025	30	Still patient	06014	1720712235
02/21/2025	03/22/2025	02/28/2025	03/22/2025	30	Still patient	06014	1720712235
01/22/2025	02/20/2025	01/24/2025	02/20/2025	30	Still patient	06014	1720712235
12/23/2024	01/21/2025	12/23/2024	01/21/2025	30	Still patient	06014	1720712235
11/23/2024	12/22/2024	11/23/2024	12/22/2024	30	Still patient	06014	1720712235
10/24/2024	11/22/2024	10/26/2024	11/22/2024	30	Still patient	06014	1720712235
09/24/2024	10/23/2024	10/02/2024	10/23/2024	30	Still patient	06014	1720712235
08/25/2024	09/23/2024	08/25/2024	09/23/2024	30	Still patient	06014	1720712235

Provider: 297068 as of 08/04/2025 Eligibility Period: 08/04/24 - 11/29/25

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Behavioral Services

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

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
08/04/2024	11/29/2025		0.00	0.00					

Provider Detail

1720712235
Provider detail not available.

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 08/04/2025 04:26 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Ana Guerrero.

