# **Eligibility Coverage Detail Report**

ALDRICH, BARBARA

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

Patient Name: ALDRICH, BARBARA Per Medicare: ALDRICH BARBARA A

Address: 441 TATUM RIDGE STREET HENDERSON NV 89012-2514 Beneficiary ID:5A96VQ4HC49 Birth Date: 03/04/1946

Gender: F

Previous Inquiry Date: 06/23/2025

Process Date Is Recert?

### **Benefit Information**

Lifetime Psychiatric Days: 179 ESRD Dialysis Date: Effective Terminated Part A: 03/01/2011 -Lifetime Reserve Days: 60 ESRD Transplant Eff. Date: Part B: 03/01/2011 -ESRD Coverage Period Date:

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

QMB: Beneficiary ID Crosswalk: Data not Available

P	а	rt	A	/	В

	Part A										Part B		
	Hospital Days SNF D								Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full C	oins.	Base	Full C	coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	03/31/2025-	05/09/2025	56	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
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 A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
05/07/2025	05/09/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS
03/31/2025	04/02/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS

#### Part D

Effective Terminated	Plan Code Payer Name/Address	Plan Name/Website	Phone
10/01/2018 -	S9701-801 DEAN HEALTH INSURANCE, INC.	Navitus MedicareRx	(920) 221-4087
	1277 Deming Way		

Madison WI 53717 https://medicarerx.navitus.com/

Process Date Is Recert?

#### **Rehabilitation Sessions**

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

Process Date Is Recert?

<b>Home Health Certification</b>
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Process Date Is Recert?

11/06/2023 N		N	06/23/2021	Υ		04/24/2021	N	03/31/2021	N
Home Hea	alth Episod	es							
Start Date	End Date	Earliest Billing	Latest Billing	Patie	nt Status/Des	Interm	Provider		
05/10/2025	06/08/2025	05/10/2025	06/08/2025	30	Still patient	06014	1235247792	CARING NURSES, 1	NC.
04/03/2025	05/02/2025	04/03/2025	05/01/2025	01	Discharged to	home or self06014	1235247792	CARING NURSES, 1	NC.
02/15/2025	03/16/2025	02/17/2025	03/16/2025	01	Discharged to	home or self06014	1578059515	ACES HOME HEALT	H SERVICES INC
01/16/2025	02/14/2025	01/20/2025	02/14/2025	30	Still patient	06014	1578059515	ACES HOME HEALT	H SERVICES INC
12/17/2024	01/15/2025	12/23/2024	01/15/2025	30	Still patient	06014	1578059515	ACES HOME HEALT	H SERVICES INC
11/17/2024	12/16/2024	11/18/2024	12/16/2024	30	Still patient	06014	1578059515	ACES HOME HEALT	H SERVICES INC
10/18/2024	11/16/2024	10/21/2024	11/16/2024	30	Still patient	06014	1578059515	ACES HOME HEALT	H SERVICES INC
09/18/2024	10/17/2024	09/18/2024	10/17/2024	30	Still patient	06014	1578059515	ACES HOME HEALT	H SERVICES INC

### **Behavioral Services**

				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent

Part B Deductible
Part B Coinsurance

**HCPCS** 

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ALDRICH, BARBARA

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

Patient Name: ALDRICH, BARBARA				Benefic	ciary ID:5A9	ry ID:5A96VQ4HC49 Birth Date: 03/04/1946					Gender:F	
Behavioral Services												
									Deductible	e Deductible		Coinsurance
HCPCS	Descriptio	n			7	Tech Date	Prof Date		Base	Remaining		Percent
G0444	Adult Dep	ression S	Screening		1	.0/14/2011	10/14/2011		- w	aived -		- waived -
G0442	Alcohol Mi	isuse Scr	eening				10/14/2011		- w	aived -		- waived -
G0446	Cardiovas	cular Dise	ease Counse	ling	1	1/08/2011	11/08/2011		- waived -			- waived -
G0447	Obesity C	ounseling	]		1	1/29/2011	11/29/2011		- waived -			- waived -
G0473	Obesity C	ounseling	)		C	1/01/2015	01/01/2015		- waived -			- waived -
G0445	STIs Scree	ening/Co	unseling		1	1/08/2011	11/08/2011		- waived -			- waived -
Diabetes Prevention Program (MDPP)												
Entitlemen From	t To	HCPCS	Ded Coins	Date of Service	Proc	Description			Billing NPI	Name		
08/04/202	4 11/29/202	25	0.00 0.00									
Provider	Detail											
1235247792       1578059515         CARING NURSES, INC.       ACES HOME HEALTH SERVICES INC         2968 E RUSSELL RD       1621 E FLAMINGO RD STE 15B         LAS VEGAS NV 89120-2453       LAS VEGAS NV 89119-5276												
Immuniza	ations											
Part B Statu Part B Date												

Rendering NPI

Rendering Name

Vaccination Date

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

The following sections were suppressed: Preventive Services

Description

