

Benefit Information

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 08/01/2005 -		Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B: 08/01/2005 -			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			
Type	First Bill	Last Bill	Hospital Days		SNF Days		Inpatient		Deductible	Physical	Occupational	Blood Pints	
			Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	06/25/2025 -	07/15/2025	40	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
06/30/2025	07/15/2025	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT
06/25/2025	06/30/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

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
01/01/2006 - 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: 72 Prof: 72	Tech: 0 Prof: 0	Tech: 0 Prof: 0

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
07/21/2025	08/19/2025			NOA W/O condition code 47	06014	1750460739 DYNAMIC HOME HEALTH CARE LLC

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	10/14/2011	02/01/2019	- 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	09/20/2021	09/21/2021	- waived -	-	- waived -
G0473	Obesity Counseling	09/20/2021	09/21/2021	- waived -	-	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	-	- waived -

Patient Name: ZELE, FRANK				Beneficiary ID:9WG1P88YF28				Birth Date: 08/25/1940				Gender:F			
Diabetes Prevention Program (MDPP)															
Entitlement						Date of				Billing					
From	To	HCPCS	Ded	Coins		Service	Proc	Description		NPI	Name				
08/08/2024	12/03/2025		0.00	0.00											

**Provider Detail**

1750460739  
DYNAMIC HOME HEALTH CARE LLC  
2865 S. JONES  
LAS VEGAS NV 39146

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