Eligibility Coverage Detail Report

SALVESEN, CRAIG

Provider: 297068 as of 08/13/2025 Eligibility Period: 08/13/24 - 12/08/25

Patient Name: SALVESEN, CRAIG Per Medicare: SALVESEN CRAIG E Beneficiary ID:6MT7JH0UU30

Birth Date: 07/21/1955

Gender: M

Per Medicare: SALVESEN CRAIG E Address: 42 CHESNEY DR

HENDERSON NV 89074-2751

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date:

Part A: 07/01/2020 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:

Part B: 08/01/2020 - ESRD Coverage Period Date:

Date of Death - Smoking Cessation Days: 8 Initial Cessation Session Date:

QMB: 06/01/2025 - NV QMB Plan Beneficiary ID Crosswalk: Data not Available

Part A/B

	Part A							Part B					
			Hospit	tal Day	ys	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
SPELL	11/02/2024 -	11/13/2024	49	30	\$ 0.00	20	80	\$ 0.00					
BASE	06/01/2025	12/31/2025	60	30	\$ 0.00	20	80	\$ 0.00			\$ 1,325.87	\$ 59.09	3
BASE	05/01/2025	05/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00		\$ 1,325.87	\$ 59.09	3
BASE	01/01/2025	04/30/2025	60	30	\$ 0.00	20	80	\$ 0.00			\$ 1,325.87	\$ 59.09	3
BASE	01/01/2024	12/31/2024	60	30	\$ 0.00	20	80	\$ 0.00			\$ 1,447.91	\$ 869.34	3

Part A/B Hospital SNF Stay

Start Date	End Date	Туре	Billing NPI	Billing Provider
11/05/2024	11/13/2024	Hospital	1114991874	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HENDERSON
11/02/2024	11/05/2024	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS

QMB

Start	End	Plan Description		
06/01/2025		NV QMB Plan		
08/01/2023	04/30/2025	CA QMB Plan		

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/202	4 -	S5617-158	MEDCO CONTAINMENT I	IFE AND MEDCO CONTAINMENCTgna Healthcare Assurance Rx	(615) 636-4554

300 East Randolph St

Chicago IL 60601 www.cignamedicare.com

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

Behavioral Services

				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
G0444	Adult Depression Screening	08/01/2020	08/01/2020			
G0442	Alcohol Misuse Screening		08/01/2020			
G0446	Cardiovascular Disease Counseling	08/01/2020	08/01/2020			
G0447	Obesity Counseling	08/01/2020	08/01/2020			
G0473	Obesity Counseling	08/01/2020	08/01/2020			
G0445	STIs Screening/Counseling	08/01/2020	08/01/2020			

Help Document Link

Caring Nurses, Inc

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Patient Name: SALVESEN, CRAIG					Beneficiary ID:6MT7JH0UU30			Birth Date: 07/21/1955			der:M
Diabetes	s Preven	tion Pro	gram (MD	PP)							
Entitlement	ī			Date of				Billing			
From	То	HCPCS	Ded Coins	Service	Proc	Description		NPI	Name		

08/13/2024 12/08/2025 0.00 0.00

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

The following sections were suppressed: Preventive Services

determined only when the claim is received by Medicare. Printed by VJ Farrales.



The information for this report was generated from a request dated 08/13/2025 01:51 PM, and is not a guarantee of coverage. Actual benefits are

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