

Provider: 297068

as of 08/19/2025

Eligibility Period: 08/19/24 - 12/14/25

Patient Name: PRICE, CHRISTINE

Beneficiary ID: 2EG4PU1GF80

Birth Date: 07/08/1967

Gender: F

Per Medicare: PRICE CHRISTINE B

Address: 2775 FREMONT ST APT 2027

LAS VEGAS NV 89104-2245

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective

Terminated

Lifetime Psychiatric Days: 190

ESRD Dialysis Date: 08/22/2022

Part A: 09/01/2022 -

Lifetime Reserve Days: 60

ESRD Transplant Eff. Date:

Part B: 03/01/2025 -

ESRD Coverage Period Date: 09/01/2022

Initial Cessation Session Date:

Date of Death -

Smoking Cessation Days: 8

Beneficiary ID Crosswalk: Data not Available

QMB: -

Part A/B

Part A										Part B			Blood Pints Part A/B
Type	First Bill	Last Bill	Hospital Days		Base	SNF Days		Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	
SPELL	06/11/2025 -	06/13/2025	58	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	01/27/2025 -	03/02/2025	52	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	06/13/2024 -	07/22/2024	53	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	\$ 0.00	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00				3

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
06/11/2025	06/13/2025	Hospital	1720037799	NORTH VISTA HOSPITAL INC
02/27/2025	03/02/2025	Hospital	1861439952	SUNRISE HOSPITAL AND MEDICAL CENTER
01/27/2025	02/01/2025	Hospital	1720037799	NORTH VISTA HOSPITAL INC
07/18/2024	07/22/2024	Hospital	1487771812	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER
06/13/2024	06/16/2024	Hospital	1720037799	NORTH VISTA HOSPITAL INC

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
03/01/2024 -		S4802-093	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Classic go.wellcare.com/PDP	(888) 888-9355

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

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance Percent
				Base	Remaining	
G0444	Adult Depression Screening	03/01/2025	03/01/2025	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		03/01/2025	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	03/01/2025	03/01/2025	- waived -	-	- waived -
G0447	Obesity Counseling	03/01/2025	03/01/2025	- waived -	-	- waived -
G0473	Obesity Counseling	03/01/2025	03/01/2025	- waived -	-	- waived -
G0445	STIs Screening/Counseling	03/01/2025	03/01/2025	- waived -	-	- waived -

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Patient Name: PRICE, CHRISTINE Beneficiary ID:2EG4PU1GF80 Birth Date: 07/08/1967 Gender:F
The following sections had no data available: Hospice, PPS Episodes, Medicare Advantage, MSP, Home Health Certification
The following sections were suppressed: Preventive Services

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

