

Provider: 297068 as of 08/22/2025 Eligibility Period: 08/22/24 - 12/17/25

Patient Name: SUAZO, FRANCISCO

Per Medicare: SUAZO FRANCISCO J

Address: 3766 NORTON DRIVE

LAS VEGAS NV 89129-5521

Beneficiary ID:5YM3H75WC09

Birth Date: 01/08/1959

Gender:M

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective

Terminated

Lifetime Psychiatric Days: 190

ESRD Dialysis Date:

Part A: 01/01/2024 -

Lifetime Reserve Days: 60

ESRD Transplant Eff. Date:

Part B: 01/01/2024 -

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			
		Hospital Days			SNF Days			Inpatient		Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	06/27/2025 -	07/01/2025	56	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	03/02/2025 -	03/14/2025	48	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
06/27/2025	07/01/2025	Hospital	1528101284	ST. ROSE DOMINICAN HOSPITAL, SAN MARTIN CAMPUS
03/02/2025	03/14/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
02/01/2024 -		S4802-161	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Value Script 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

Home Health Certification

Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?
03/25/2025	N						

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
07/03/2025	08/01/2025	07/03/2025	07/22/2025	01 Discharged to home or self	06014	1932241510 HORIZON HOME HEALTH CARE, LLC
04/27/2025	05/26/2025	05/06/2025	05/13/2025	01 Discharged to home or self	06014	1811322357 COMPREHENSIVE HEALTH SERVICE
03/28/2025	04/26/2025	03/28/2025	04/26/2025	30 Still patient	06014	1811322357 COMPREHENSIVE HEALTH SERVICE

Behavioral Services

				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
G0444	Adult Depression Screening	01/01/2024	01/01/2024	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		01/01/2024	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	01/01/2024	01/01/2024	- waived -	-	- waived -
G0447	Obesity Counseling	01/01/2024	01/01/2024	- waived -	-	- waived -

Patient Name: SUAZO, FRANCISCO

Beneficiary ID:5YM3H75WC09

Birth Date: 01/08/1959

Gender:M

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0473	Obesity Counseling	01/01/2024	01/01/2024	- waived -		- waived -
G0445	STIs Screening/Counseling	01/01/2024	01/01/2024	- waived -		- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
08/22/2024	12/17/2025		0.00	0.00					

Provider Detail

1811322357
COMPREHENSIVE HEALTH SERVICE LLC
2330 PASEO DEL PRADO STE C202
LAS VEGAS NV 89102-4376

1932241510
HORIZON HOME HEALTH CARE, LLC
910 S VALLEY VIEW BLVD
LAS VEGAS NV 89107-4416

Immunizations

Part B Status:
Part B Date:
Part B Deductible
Part B Coinsurance

HCPCS	Description	Vaccination Date	Rendering NPI	Rendering Name
-------	-------------	------------------	---------------	----------------

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

The following sections were suppressed: Preventive Services