

Patient Name: THURMAN, ALBERT

Discrepancy: THURMAN JR ALBERT D

Address: 1119 THUNDER CANYON AV

HENDERSON NV 89012-4474

Beneficiary ID:5CT4DM2HY01

Birth Date: 06/06/1953

Gender:F

Discrepancy:M

Previous Inquiry Date: N/A - new inquiry*

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date: 02/01/2020				
Part A: 06/01/2018		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 06/01/2018		-					ESRD Coverage Period Date: 02/01/2020				
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	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints Part A/B
			Full	Coins.	Base	Full	Coins.	Base					
SPELL	07/01/2024 -	07/14/2024	47	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	\$ 74.36	\$ 100.40	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
07/01/2024	07/14/2024	Hospital	1003281452		HENDERSON HOSPITAL

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

Home Health Certification							
Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?
04/13/2025	Y	03/24/2025	Y	11/10/2022	N	01/27/2022	N

Home Health Episodes							
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
05/29/2025	06/27/2025	05/31/2025	06/27/2025	01	Discharged to home or self	06014	1235247792 CARING NURSES, INC.
04/29/2025	05/28/2025	04/29/2025	05/28/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.
03/30/2025	04/28/2025	04/01/2025	04/28/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.
02/28/2025	03/29/2025	02/28/2025	03/29/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.
08/15/2024	09/13/2024	08/20/2024	08/27/2024	01	Discharged to home or self	06014	1154620136 ADVANCED HOME CARE

Behavioral Services							
HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent	
G0444	Adult Depression Screening	06/01/2018	06/01/2018	- waived -	-	- waived -	
G0442	Alcohol Misuse Screening		06/01/2018	- waived -	-	- waived -	
G0446	Cardiovascular Disease Counseling	06/01/2018	06/01/2018	- waived -	-	- waived -	
G0447	Obesity Counseling	06/01/2018	06/01/2018	- waived -	-	- waived -	
G0473	Obesity Counseling	06/01/2018	06/01/2018	- waived -	-	- waived -	
G0445	STIs Screening/Counseling	06/01/2018	06/01/2018	- waived -	-	- waived -	

Provider: 297068 as of 08/24/2025 Eligibility Period: 08/24/24 - 12/19/25

Patient Name: THURMAN, ALBERT Beneficiary ID:5CT4DM2HY01 Birth Date: 06/06/1953 Gender:F

Provider Detail

1154620136	1235247792
ADVANCED HOME CARE	CARING NURSES, INC.
10561 JEFFREYS ST STE 105	2968 E RUSSELL RD
HENDERSON NV 89052-4268	LAS VEGAS NV 89120-2453

Immunizations

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

HCPCS	Description	Vaccination Date	Rendering NPI	Rendering Name
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The following sections had no data available: Hospice, Medicare Advantage, MSP, Part D
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."

