Eligibility Coverage Detail Report

LOCKWOOD, EDWARD

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

Patient Name: LOCKWOOD, EDWARD Beneficiary ID:1WC1KU7TM10 Birth Date: 07/03/1946 Gender: F Discrepancy: M

Per Medicare: LOCKWOOD EDWARD J Address: 5321 RIM VIEW LANE

> LAS VEGAS NV 89130-3646 Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date: Part A: 07/01/2011 -Lifetime Reserve Days: 60 ESRD Transplant Eff. Date: ESRD Coverage Period Date:

Part B: 01/01/2017 -

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

QMB: Beneficiary ID Crosswalk: Data not Available

Part A/B

	-												
Part A								Part B					
			Hospi	tal Da	ys	SNF I	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	05/08/2025	- 05/11/2025	57	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	12/13/2024	- 12/15/2024	58	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	\$ 878.46	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 1,373.44	\$ 0.00	3

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
05/08/2025	05/11/2025	Hospital	1417947490	VALLEY HOSPITAL MEDICAL CENTER
12/13/2024	12/15/2024	Hospital	1417947490	VALLEY HOSPITAL MEDICAL CENTER

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/202	5 -	S5601-816	SILVERSCRIPT INSURANCE COMPANY	Aetna Medicare Rx offered by Silver	Script (8766) 235-5660

445 Great Circle Road Nashville TN 37228

www.aetnamedicare.com

Rehabilitation Sessions

Intensive Cardiac Applied (G0422, G0423) Pulmonary Remaining (G0424) Cardiac Applied (93797, 93798) Tech: 72 Prof: Tech: 35 Prof: Tech: Prof:

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patie	ent Status/Des Intern	Provider	
12/16/2024	01/14/2025	12/16/2024	12/16/2024	01	Discharged to home or self06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA

Behavioral Services

				Deductible Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base Remaining	Percent
G0444	Adult Depression Screening	01/01/2017	01/01/2017	- waived -	- waived -
G0442	Alcohol Misuse Screening		01/01/2017	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	01/01/2017	01/01/2017	- waived -	- waived -
G0447	Obesity Counseling	01/01/2017	01/01/2017	- waived -	- waived -
G0473	Obesity Counseling	01/01/2017	01/01/2017	- waived -	- waived -
G0445	STIs Screening/Counseling	01/01/2017	01/01/2017	- waived -	- waived -

Help Document Link

Caring Nurses, Inc

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Patient Name: LOCKWO	OD, EDWARD	Beneficiary ID:1WC1KU7TM10	Birth Date: 07/03/1946	Gender: F
Diabetes Prevention	Program (MDPP)			
Entitlement	Date of		Billing	

NPI

Name

Description

08/24/2024 12/19/2025 0.00 0.00

HCPCS Ded Coins

Service

Proc

Provider Detail

To

1891853305 LORIAN HOME SYSTEMS, INC. OF LAS VEGAS 3130 S RAINBOW BLVD SUITE 305 LAS VEGAS NV 89146-6232

Immunizations

Part B Status:

Part B Date:

Part B Deductible

Part B Coinsurance

HCPCS Description Vaccination Date Rendering NPI Rendering Name

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

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."

