

Patient Name: WARD, FREDRICK

Beneficiary ID: 7M37HV0DJ39

Birth Date: 01/18/1940

Gender: M

Discrepancy: WARD FREDDIE L

Address: 1900 LAWRY AVE

N LAS VEGAS NV 89032-3508

Previous Inquiry Date: N/A - new inquiry*

| Benefit Information | | | | | | | | | | | |
|---------------------|--|------------|--------------------------------|--|--|--|--|--|--|--|--|
| Effective | | Terminated | Lifetime Psychiatric Days: 190 | | | | ESRD Dialysis Date: | | | | |
| Part A: 01/01/2005 | | - | Lifetime Reserve Days: 60 | | | | ESRD Transplant Eff. Date: | | | | |
| Part B: 01/01/2005 | | - | | | | | 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 | 06/19/2025 - | 06/24/2025 | 55 | 30 | \$ 419.00 | 20 | 80 | \$ 209.50 | \$0.00 | | | | |
| SPELL | 01/29/2025 - | 03/09/2025 | 56 | 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 |
| 06/19/2025 | 06/24/2025 | Hospital | 1417947490 | | VALLEY HOSPITAL MEDICAL CENTER |
| 03/07/2025 | 03/09/2025 | Hospital | 1417947490 | | VALLEY HOSPITAL MEDICAL CENTER |
| 01/29/2025 | 01/31/2025 | Hospital | 1104870187 | | MOUNTAINVIEW HOSPITAL |

| 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? |
| 08/05/2014 | N | | | | | | |

| Behavioral Services | | | | | | | |
|---------------------|-----------------------------------|------------|------------|------------|------------|-------------|--|
| HCPCS | Description | Tech Date | Prof Date | Deductible | Deductible | Coinsurance | |
| | | | | Base | Remaining | Percent | |
| G0444 | Adult Depression Screening | 10/14/2011 | 10/14/2011 | - waived - | - | - waived - | |
| G0442 | Alcohol Misuse Screening | | 10/14/2011 | - waived - | - | - waived - | |
| G0446 | Cardiovascular Disease Counseling | 11/08/2011 | 11/08/2011 | - waived - | - | - waived - | |
| G0447 | Obesity Counseling | 11/29/2011 | 01/01/2020 | - waived - | - | - waived - | |
| G0473 | Obesity Counseling | 01/01/2015 | 01/01/2020 | - waived - | - | - waived - | |
| G0445 | STIs Screening/Counseling | 11/08/2011 | 11/08/2011 | - waived - | - | - waived - | |

| Diabetes Prevention Program (MDPP) | | | | | | | | | |
|------------------------------------|------------|-------|------|-------|---------|------|-------------|---------|------|
| Entitlement | To | HCPCS | Ded | Coins | Date of | Proc | Description | Billing | Name |
| From | | | | | Service | | | NPI | |
| 08/25/2024 | 12/20/2025 | | 0.00 | 0.00 | | | | | |

Provider: 297068 as of 08/25/2025 Eligibility Period: 08/25/24 - 12/20/25

Patient Name: WARD, FREDRICK Beneficiary ID:7M37HV0DJ39 Birth Date: 01/18/1940 Gender:M

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, PPS Episodes, 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."

