

Patient Name: MORIN, CHARLES

Beneficiary ID:6P00NW1WW36

Birth Date: 10/22/1962

Gender:F

Per Medicare: MORIN CHARLES J

Address: 4249 N COMMERCE ST UNIT 1157

NORTH LAS VEGAS NV 89032-1184

Discrepancy:M

Previous Inquiry Date: 06/23/2025

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date: 11/07/2023				
Part A: 11/01/2023		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 11/01/2023		-					ESRD Coverage Period Date: 11/01/2023				
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	01/01/2025 -	05/07/2025	14	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	09/15/2024 -	09/16/2024	59	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	\$ 0.00	\$ 74.94	\$ 99.34	3

Part A/B Hospital SNF Stay					
Start Date	End Date	Type	Billing NPI	Billing Provider	
04/18/2025	05/07/2025	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT	
04/10/2025	04/18/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	
02/19/2025	02/28/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	
01/01/2025	01/11/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	
09/15/2024	09/16/2024	Hospital	1487771812	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
05/01/2024	-	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?
05/29/2025	N						

Home Health Episodes									
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider		
06/07/2025	07/06/2025	06/12/2025	07/06/2025	30	Still patient	06014	1235247792	CARING NURSES, INC.	
05/08/2025	06/06/2025	05/08/2025	06/06/2025	30	Still patient	06014	1235247792	CARING NURSES, INC.	

Behavioral Services									
HCPCS	Description			Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent	
G0444	Adult Depression Screening			11/01/2023	11/01/2023	- waived -	-	- waived -	

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HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0442	Alcohol Misuse Screening		11/01/2023	- waived -		- waived -
G0446	Cardiovascular Disease Counseling	11/01/2023	11/01/2023	- waived -		- waived -
G0447	Obesity Counseling	11/01/2023	11/01/2023	- waived -		- waived -
G0473	Obesity Counseling	11/01/2023	11/01/2023	- waived -		- waived -
G0445	STIs Screening/Counseling	11/01/2023	11/01/2023	- waived -		- waived -

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
11/01/2023	-	WLRC6692350200000	INDEMNITY INSURANCE COMPANY OF N PO BOX 26389 TAMPA FL 336236389	Other or Additional Payor 15 - Medicare Secondary Worker's Compensation
Last Maintenance:		04/29/2024		
Diagnosis Codes		ORM - Y		
Source Code:		Source Code- 22-11122-MIR Non-Group Health Plan		
Patient Relation:		Patient Relationship- 01-Patient is insured		

Provider Detail

1235247792
CARING NURSES, INC.
2968 E RUSSELL RD
LAS VEGAS NV 89120-2453

The following sections had no data available: Hospice, Medicare Advantage
The following sections were suppressed: Preventive Services