

Patient Name: MIKHAIL, NADIA

Beneficiary ID:9UH4FM7TF89

Birth Date: 02/08/1959

Gender:F

Per Medicare: MIKHAIL NADIA S

Address: 2121 STONE WELL RD

N LAS VEGAS NV 89031-3892

Previous Inquiry Date: N/A - new inquiry*

| Benefit Information | | | | | | | | | | | |
|---------------------|--|------------|--------------------------------|--|--|--|--|--|--|--|--|
| Effective | | Terminated | Lifetime Psychiatric Days: 190 | | | | ESRD Dialysis Date: | | | | |
| Part A: 02/01/2024 | | - | Lifetime Reserve Days: 60 | | | | ESRD Transplant Eff. Date: | | | | |
| Part B: 02/01/2024 | | - | | | | | ESRD Coverage Period Date: | | | | |
| Date of Death | | - | Smoking Cessation Days: 8 | | | | Initial Cessation Session Date: | | | | |
| QMB: 12/01/2024 | | - | - NV QMB Plan | | | | Beneficiary ID Crosswalk: Data not Available | | | | |

| Part A/B | | | | | | | | | | | | |
|----------|------------|------------|---------------|--------|-----------|------|-----------|-----------|------------|----------|--------------|-------------|
| Part A | | | | | | | | | Part B | | | |
| Type | First Bill | Last Bill | Hospital Days | | SNF Days | | Inpatient | | Deductible | Physical | Occupational | Blood Pints |
| | | | Full | Coins. | Base | Full | Coins. | Base | Remaining | Therapy | Therapy | Part A/B |
| BASE | 01/01/2025 | 12/31/2025 | 60 | 30 | \$ 0.00 | 20 | 80 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | 3 |
| BASE | 12/01/2024 | 12/31/2024 | 60 | 30 | \$ 0.00 | 20 | 80 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 3 |
| BASE | 01/01/2024 | 11/30/2024 | 60 | 30 | \$ 408.00 | 20 | 80 | \$ 204.00 | \$1,632.00 | \$ 0.00 | \$ 0.00 | 3 |

| QMB | | |
|------------|-----|------------------|
| Start | End | Plan Description |
| 12/01/2024 | | NV QMB Plan |

| Part D | | | | |
|------------|------------|-----------|--|---|
| Effective | Terminated | Plan Code | Payer Name/Address | Plan Name/Website |
| 03/01/2024 | - | S4802-093 | WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105 | Wellcare Classic go.wellcare.com/PDP |
| | | | | Phone |
| | | | | (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 |

| Behavioral Services | | | | | | | |
|---------------------|-----------------------------------|------------|------------|------------|------------|-------------|--|
| HCPCS | Description | Tech Date | Prof Date | Deductible | Deductible | Coinsurance | |
| | | | | Base | Remaining | Percent | |
| G0444 | Adult Depression Screening | 02/01/2024 | 02/01/2024 | | | | |
| G0442 | Alcohol Misuse Screening | | 02/01/2024 | | | | |
| G0446 | Cardiovascular Disease Counseling | 02/01/2024 | 02/01/2024 | | | | |
| G0447 | Obesity Counseling | 02/01/2024 | 02/01/2024 | | | | |
| G0473 | Obesity Counseling | 02/01/2024 | 02/01/2024 | | | | |
| G0445 | STIs Screening/Counseling | 02/01/2024 | 02/01/2024 | | | | |

| Diabetes Prevention Program (MDPP) | | | | | | | | | |
|------------------------------------|------------|---------|-----------|---------|------|-------------|-----|------|--|
| Entitlement | | Date of | | Billing | | | | | |
| From | To | HCPCS | Ded Coins | Service | Proc | Description | NPI | Name | |
| 09/05/2024 | 12/31/2025 | | 0.00 0.00 | | | | | | |

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

The following sections were suppressed: Preventive Services

The information for this report was generated from a request dated 09/05/2025 02:37 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.