

Patient Name: TOMA, MARY

Beneficiary ID:6Q95RH6KC79

Birth Date: 01/04/1946

Gender:F

Per Medicare: TOMA MARY A

Address: 26 STRADA PRINCIPALE

HENDERSON NV 89011-3603

Previous Inquiry Date: N/A - new inquiry*

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:				
Part A: 01/01/2011		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 01/01/2011		-					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			
Type	First Bill	Last Bill	Hospital Days		SNF Days		Inpatient		Deductible	Physical	Occupational	Blood Pints	
			Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	04/04/2025 -	05/01/2025	33	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	\$ 1,140.24	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 499.90	\$ 0.00	3

Part A/B Hospital SNF Stay					
Start Date	End Date	Type	Billing NPI	Billing Provider	
04/16/2025	05/01/2025	Hospital	1366976276	PAM SQUARED AT LAS VEGAS, LLC	
04/04/2025	04/16/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS	

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2025 -		S5921-410	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY 185 Asylum Street Hartford CT 061030450	AARP Medicare Rx Preferred from UHC AARPMedicarePlans.com	(866) 460-8854
01/01/2014 - 12/31/2024		S5820-028	UNITEDHEALTHCARE INSURANCE COMPANY 185 Asylum Street Hartford CT 061030450	AARP Medicare Rx Preferred from UHC AARPMedicarePlans.com	(888) 867-5575

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 Episodes							
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
05/02/2025	05/31/2025	05/02/2025	05/31/2025	30	Still patient	06014	1639714967 SUMMERLIN HEALTHCARE, INC.

Behavioral Services							
HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent	
G0444	Adult Depression Screening	10/14/2011	02/01/2026	- 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	11/29/2011	- waived -	-	- waived -	
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	-	- waived -	
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	-	- waived -	

Patient Name: TOMA, MARY

Beneficiary ID:6Q95RH6KC79

Birth Date: 01/04/1946

Gender:F

Diabetes Prevention Program (MDPP)

Entitlement		HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
From	To								
09/07/2024	01/02/2026		0.00	0.00					

Provider Detail

1639714967
SUMMERLIN HEALTHCARE, INC.
6655 W SAHARA AVE STE D202
LAS VEGAS NV 89146-0867

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