

Patient Name: MORADI, BEJATOLLAH

Beneficiary ID:1PA0W85QE32

Birth Date: 04/04/1951

Gender:M

Per Medicare: MORADI BEJATOLLAH

Address: 2500 VISTA MAR DR

LAS VEGAS NV 89128-6820

Previous Inquiry Date: N/A - new inquiry\*

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:				
Part A: 09/01/2017		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 01/01/2017		-					ESRD Coverage Period Date:				
Date of Death		-	Smoking Cessation Days: 8				Initial Cessation Session Date:				
QMB: 06/01/2018			- NV QMB Plan				Beneficiary ID Crosswalk: Data not Available				

Part A/B											
Part A						Part B					
Type	First Bill	Last Bill	Hospital Days		Base	SNF Days		Base	Inpatient Deductible	Deductible Remaining	Blood Pints Part A/B
SPELL	12/28/2024 -	03/04/2025	43	30	\$ 0.00	20	80	\$ 0.00			
BASE	01/01/2025	12/31/2025	60	30	\$ 0.00	20	80	\$ 0.00		\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 0.00	20	80	\$ 0.00		\$ 0.00	3

Part A/B Hospital SNF Stay					
Start Date	End Date	Type	Billing NPI	Billing Provider	
02/26/2025	03/04/2025	Hospital	1346230323	SPRING VALLEY MEDICAL CENTER	
01/02/2025	01/08/2025	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT	
12/28/2024	01/02/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	

QMB		
Start	End	Plan Description
06/01/2018		NV QMB Plan

Part D					
Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2022 -		S4802-093	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Classic  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?
09/10/2020	Y						

Home Health Episodes							
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
03/05/2025	04/03/2025	03/05/2025	04/03/2025	30	Still patient	06014	1932241510 HORIZON HOME HEALTH CARE, LLC
01/09/2025	02/07/2025	01/09/2025	01/13/2025	01	Discharged to home or self	06014	1750460739 DYNAMIC HOME HEALTH CARE LLC

Behavioral Services							
HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent	
G0444	Adult Depression Screening	01/01/2017	01/01/2017				
G0442	Alcohol Misuse Screening		01/01/2017				

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HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0446	Cardiovascular Disease Counseling	01/01/2017	01/01/2017			
G0447	Obesity Counseling	01/01/2017	01/01/2017			
G0473	Obesity Counseling	01/01/2017	01/01/2017			
G0445	STIs Screening/Counseling	01/01/2017	01/01/2017			

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
09/11/2024	01/06/2026		0.00	0.00					

Provider Detail

1750460739	1932241510
DYNAMIC HOME HEALTH CARE LLC	HORIZON HOME HEALTH CARE, LLC
2865 S. JONES	910 S VALLEY VIEW BLVD
LAS VEGAS NV 39146	LAS VEGAS NV 89107-4416

The following sections had no data available: Hospice, Medicare Advantage, MSP

The following sections were suppressed: Preventive Services