Eligibility Coverage Detail Report

MORADI, BEJATOLLAH

Provider: 297068 as of 09/11/2025 Eligibility Period: 09/11/24 - 01/06/26

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													
			Hospit	tal Days	5	SNF D	Days		Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full C	Coins.	Base	Full C	Coins.	Base	Deductible	Remaining	Therapy	Therapy	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	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 0.00	20	80	\$ 0.00			\$ 0.00	\$ 0.00	3

Part A/B Hospital SNF Stay

Start Date	End Date	Туре	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 OMB Plan

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/202	2 -	S4802-093	WELLCARE PRESCRIPTION INSURANCE, INC.	Wellcare Classic	(888) 888-9355

7700 Forsyth Blvd

Clayton MO 63105 go.wellcare.com/PDP

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 Re	ecert?	Process Date	Is Rece	ert?	Process Date	Is R	ecert?	Process Date	Is Recert?
09/10/2	2020 `	Y								
Home Hea	Ith Episod	es								
Start Date	End Date	Earliest Billing	Latest Billing	Patier	nt Status/Des	Inte	erm	Provider		
03/05/2025	04/03/2025	03/05/2025	04/03/2025	30	Still patient	060	14	1932241510	HORIZON HOME H	HEALTH CARE, LLC
01/09/2025	02/07/2025	01/09/2025	01/13/2025	01	Discharged to I	nome or self060	14	1750460739	DYNAMIC HOME H	IEALTH CARE LLC

Behavioral Services

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

Help Document Link

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The information for this report was generated from a request dated 09/11/2025 05:26 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Ana Guerrero.

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Patient Name: MORADI, BEJATOLLAH				Beneficiary ID:1PA0W85QE32			Birth Date: 04/0	Birth Date: 04/04/1951		
Behavior	al Service	s								
								Deductible	e Deductible	Coinsurance
HCPCS	Description	า			Т	ech Date	Prof Date	Base	Remaining	Percent
G0446	Cardiovaso	ular Dis	ease Counse	eling	0	1/01/2017	01/01/2017			
G0447	Obesity Co	unseling]		0	1/01/2017	01/01/2017			
G0473	Obesity Co	unseling]		0	1/01/2017	01/01/2017			
G0445	STIs Scree	ning/Co	unseling		0	1/01/2017	01/01/2017			
Diabetes	Preventi	on Pro	gram (MD	PP)						
Entitlement From	То	HCPCS	Ded Coins	Date of Service	Proc	Description		Billing NPI	Name	
09/11/2024	01/06/2026	5	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

^{*} Previous requests must be within 90 days to be used for change comparison. Requests after 90 days are considered "new."

