Caring Nurses, Inc

Eligibility Coverage Detail *Report*

GREEN, KAY

Provider: 297068 as of 09/12/2025 Eligibility Period: 09/12/24 - 01/07/26

Patient Name: GREEN, KAY Beneficiary ID: 1PY7D94MP39 Birth Date: 10/15/1956 Gender: F
Per Medicare: GREEN KAY J
Address: 4605 CONCORD VILLAGE D
LAS VEGAS NV 89108-2142
Previous Inquiry Date: N/A - new inquiry*

Benefit Information

	Effective	Terminated				
Part A:		-	Lifetime Psychiatric Days:		ESRD Dialysis Date:	
Part B:	10/01/2021	-	Lifetime Reserve Days:		ESRD Transplant Eff. Date:	
Date of Death		-			ESRD Coverage Period Date:	
QMB:	03/01/2022		Smoking Cessation Days:	7	Initial Cessation Session Date:	05/23/2025
			- NV QMB Plan		Beneficiary ID Crosswalk:	Data not Available

Part A/B

			Part A						Part B			
			Hospital Days			SNF Days						
Type	First Bill	Last Bill	Full	Coins.	Base	Full	Coins.	Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints Part A/B
BASE	01/01/2026	12/31/2026									$ 0.00	$ 0.00	3
BASE	01/01/2025	12/31/2025									$ 767.65	$ 342.31	3
BASE	01/01/2024	12/31/2024									$ 0.00	$ 0.00	3

QMB

Start	End	Plan Description
03/01/2022		NV QMB Plan

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2024	-	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 Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
08/16/2025	09/14/2025			NOA	W/O condition code 47	06014	1578073086

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	10/01/2021	10/01/2021			
G0442	Alcohol Misuse Screening		10/01/2021			
G0446	Cardiovascular Disease Counseling	10/01/2021	10/01/2021			
G0447	Obesity Counseling	10/01/2021	10/01/2021			
G0473	Obesity Counseling	10/01/2021	10/01/2021			
G0445	STIs Screening/Counseling	10/01/2021	10/01/2021			

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
09/12/2024	01/07/2026		0.00	0.00					

Patient Name: GREEN, KAY Beneficiary ID: 1PY7D94MP39 Birth Date: 10/15/1956 Gender: F

Provider Detail

1578073086

Provider detail not available.

The following sections had no data available: Part A/B, Hospice, Medicare Advantage, MSP, Home Health Certification

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."