Caring Nurses, Inc

Eligibility Coverage Detail *Report*

CHRISTO, GEORGE

Provider: 297068 as of 09/24/2025 Eligibility Period: 09/24/24 - 01/19/26

Patient Name: CHRISTO, GEORGE Beneficiary ID: 2J88DJ2DM46 Birth Date: 02/05/1962 Gender: F

Discrepancy: M

Per Medicare: CHRISTO GEORGE

Address: 6358 STRONGBOW DR
LAS VEGAS NV 89156-7074

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

	Effective	Terminated
Part A:	01/01/2021	-
Part B:	01/01/2022	-
Date of Death		-
QMB:	01/01/2022	

Lifetime Psychiatric Days: 190
Lifetime Reserve Days: 60
Smoking Cessation Days: 8
- IL QMB Plan

ESRD Dialysis Date: 10/31/2020
ESRD Transplant Eff. Date:
ESRD Coverage Period Date: 01/01/2021
Initial Cessation Session Date:
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
SPELL	08/26/2025	09/04/2025	51	30	$ 0.00	20	80	$ 0.00					
SPELL	06/14/2025	06/23/2025	53	30	$ 0.00	20	80	$ 0.00					
SPELL	02/18/2025	03/06/2025	44	30	$ 0.00	20	80	$ 0.00					
SPELL	08/16/2024	10/23/2024	38	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	Type	Billing NPI	Billing Provider
08/26/2025	09/04/2025	Hospital	1548393127	UNIVERSITY MEDICAL CENTER
06/18/2025	06/23/2025	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL
06/14/2025	06/16/2025	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL
02/18/2025	03/06/2025	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL
10/13/2024	10/23/2024	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL
09/14/2024	09/19/2024	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL
09/05/2024	09/09/2024	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL
08/16/2024	08/19/2024	Hospital	1548306343	ELMHURST MEMORIAL HOSPITAL

QMB

Start	End	Plan Description
01/01/2022		IL QMB Plan

Medicare Advantage

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Type/Website	Phone
12/01/2024	04/30/2025	H0927-001 Option C	HEALTH CARE SERVICE CORPORATION 300 E. Randolph Chicago IL 60601	Blue Medicare Advantage Health Maintenance Organization (HMO) - Medicare Risk www.bcbsil.com/mmai	(877) 895-6448
02/01/2023	11/30/2024	H2506-001 Option C	AETNA BETTER HEALTH PREMIER PLAN MMAI INC. 3200 Highland Ave. Third Floor MC F661 Downers Grove IL 60515	Aetna Better Health Premier Plan MMAI Health Maintenance Organization (HMO) - Medicare Risk AetnaBetterHealth.com/illinois	(866) 600-2139

Patient Name: CHRISTO, GEORGE Beneficiary ID: 2J88DJ2DM46 Birth Date: 02/05/1962 Gender: F

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
07/01/2025	-	S4802-087	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Classic go.wellcare.com/PDP	(888) 888-9355
05/01/2025	- 06/30/2025	X0001-015	HUMANA INSURANCE COMPANY OF NEW YORK 500 West Main Street Louisville KY 40202	Limited Income NET Program www.humana.com/LINET	
12/01/2024	- 04/30/2025	H0927-001	HEALTH CARE SERVICE CORPORATION 300 E. Randolph Chicago IL 60601	Blue Medicare Advantage www.bcbsil.com/mmai	(877) 895-6448
02/01/2023	- 11/30/2024	H2506-001	AETNA BETTER HEALTH PREMIER PLAN MMAI INC. 3200 Highland Ave. Third Floor MC F661 Downers Grove IL 60515	Aetna Better Health Premier Plan MMAI AetnaBetterHealth.com/illinois	(866) 600-2139

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	
09/06/2025	10/05/2025			NOA	W/Condition Code 47	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA
08/14/2025	08/18/2025	08/15/2025	08/18/2025	06	Discharged or transferred t	11004	1952629404	SAFE LIFE HOME HEALTH CARE, LLC
07/15/2025	08/13/2025	07/16/2025	08/13/2025	30	Still patient	11004	1952629404	SAFE LIFE HOME HEALTH CARE, LLC
06/15/2025	07/14/2025	06/25/2025	07/14/2025	30	Still patient	11004	1952629404	SAFE LIFE HOME HEALTH CARE, LLC
05/16/2025	06/14/2025	05/16/2025	06/14/2025	30	Still patient	11004	1952629404	SAFE LIFE HOME HEALTH CARE, LLC

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	01/01/2022	01/01/2022			
G0442	Alcohol Misuse Screening		01/01/2022			
G0446	Cardiovascular Disease Counseling	01/01/2022	01/01/2022			
G0447	Obesity Counseling	01/01/2022	01/01/2022			
G0473	Obesity Counseling	01/01/2022	01/01/2022			
G0445	STIs Screening/Counseling	01/01/2022	01/01/2022			

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
05/24/2024	-	Z5158295	LIBERTY MUTUAL INSURANCE COMPANY PO BOX 5014 SCRANTON PA 185055014	Other or Additional Payor 14 - Medicare Secondary, No-fault Insurance including Auto is Primary

Last Maintenance: 07/05/2024
Diagnosis Codes ORM - Y
Source Code: Source Code- 22-11122-MIR Non-Group Health Plan
Patient Relation: Patient Relationship- 01-Patient is insured

Provider Detail

1891853305
LORIAN HOME SYSTEMS, INC. OF LAS VEGAS
3130 S RAINBOW BLVD SUITE 305
LAS VEGAS NV 89146-6232

1952629404
SAFE LIFE HOME HEALTH CARE, LLC
2200 S MAIN ST STE 208
LOMBARD IL 60148-5365

Patient Name: CHRISTO, GEORGE Beneficiary ID: 2J88DJ2DM46 Birth Date: 02/05/1962 Gender: F

The following sections had no data available: Hospice, 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."