

Provider: 297068 as of 11/29/2025 Eligibility Period: 11/29/24 - 03/26/26

Patient Name: NOVOTNY, SAMUEL

Beneficiary ID:8G48EQ2AK21

Birth Date: 11/06/1937

Gender:M

Per Medicare: NOVOTNY SAMUEL

Address: 3009 MONROE PARK ROAD

HENDERSON NV 89052-8503

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

Benefit Information

Effective

Terminated

Lifetime Psychiatric Days: 190

ESRD Dialysis Date:

Part A: 11/01/2002 -

Lifetime Reserve Days: 60

ESRD Transplant Eff. Date:

Part B: 11/01/2002 -

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	Deductible	Physical	Occupational	Blood Pints
			Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 0.00	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 99.99	\$ 1,029.83	3

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?
08/30/2025	N	01/07/2022	N	02/17/2021	Y	12/19/2020	N

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
09/29/2025	10/28/2025	10/04/2025	10/28/2025	30	Still patient	06014	1972786010 LAS VEGAS HOME HEALTH CARE, IN
08/30/2025	09/28/2025	08/30/2025	09/28/2025	30	Still patient	06014	1972786010 LAS VEGAS HOME HEALTH CARE, IN

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance
				Base	Remaining	Percent
G0444	Adult Depression Screening	10/14/2011	01/01/2026	- waived -	-	- waived -
G0443	Alcohol Misuse Counseling		12/23/2019	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		12/01/2020	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	-	- waived -
G0447	Obesity Counseling	12/23/2019	12/24/2019	- waived -	-	- waived -
G0473	Obesity Counseling	12/23/2019	12/24/2019	- waived -	-	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	-	- waived -

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
08/15/2025	- 08/15/2028	000725789	UNITED SERVICES AUTOMOBILE ASSOC	Other or Additional Payor
			PO BOX 33490	14 - Medicare Secondary, No-fault Insurance
			SAN ANTONIO TX 782653490	including Auto is Primary
Last Maintenance:	10/08/2025			
Diagnosis Codes	ORM - Y			
Source Code:	Source Code- 22-11122-MIR Non-Group Health Plan			
Patient Relation:	Patient Relationship- 01-Patient is insured			

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Diabetes Prevention Program (MDPP)

Entitlement		HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
From	To								
11/29/2024	03/26/2026		0.00	0.00					

Provider Detail

1972786010  
LAS VEGAS HOME HEALTH CARE, INC.  
6029 S FORT APACHE RD SUITE 100  
LAS VEGAS NV 89148-5635

Immunizations

Part B Status:  
Part B Date:  
Part B Deductible  
Part B Coinsurance

HCPCS	Description	Vaccination Date	Rendering NPI	Rendering Name
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The following sections had no data available: Hospice, Medicare Advantage, Part D  
The following sections were suppressed: Preventive Services