

Patient Name: DEW, DANIEL

Beneficiary ID:9KT4UF3QG98

Birth Date: 04/02/1950

Gender:M

Per Medicare: DEW DANIEL L

Address: 4512 EUGENE AVE

LAS VEGAS NV 89108-2822

Previous Inquiry Date: N/A - new inquiry*

| Benefit Information | | | | | | | | | | | |
|----------------------|------------|--------------------------------|--|--|--|--|--|--|--|--|--|
| Effective | Terminated | Lifetime Psychiatric Days: 190 | | | | ESRD Dialysis Date: | | | | | |
| Part A: 04/01/2015 - | | Lifetime Reserve Days: 60 | | | | ESRD Transplant Eff. Date: | | | | | |
| Part B: 04/01/2015 - | | | | | | ESRD Coverage Period Date: | | | | | |
| Date of Death - | | Smoking Cessation Days: 8 | | | | Initial Cessation Session Date: | | | | | |
| QMB: 01/01/2018 | | - NV QMB Plan | | | | Beneficiary ID Crosswalk: Data not Available | | | | | |

| Part A/B | | | | | | | | | | | | |
|----------|--------------|------------|---------------|--------|----------|------|-----------|---------|------------|----------|--------------|-------------|
| Part A | | | | | | | | | Part B | | | |
| Type | First Bill | Last Bill | Hospital Days | | SNF Days | | Inpatient | | Deductible | Physical | Occupational | Blood Pints |
| | | | Full | Coins. | Base | Full | Coins. | Base | Remaining | Therapy | Therapy | Part A/B |
| SPELL | 07/31/2025 - | 12/01/2025 | 9 | 30 | \$ 0.00 | 0 | 28 | \$ 0.00 | | | | |
| BASE | 01/01/2026 | 12/31/2026 | 60 | 30 | \$ 0.00 | 20 | 80 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | 3 |
| 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 | |
| 09/20/2025 | 12/01/2025 | SNF | 1508303090 | HORIZON RIDGE | |
| 09/20/2025 | 10/31/2025 | SNF | 1508303090 | HORIZON RIDGE | |
| 09/20/2025 | 09/30/2025 | SNF | 1508303090 | HORIZON RIDGE | |
| 09/01/2025 | 09/20/2025 | Hospital | 1366976276 | PAM SQUARED AT LAS VEGAS, LLC | |
| 08/29/2025 | 09/01/2025 | Hospital | 1104870187 | MOUNTAINVIEW HOSPITAL | |
| 08/06/2025 | 08/29/2025 | Hospital | 1063796688 | MOUNTAINVIEW HOSPITAL REHAB UNIT | |
| 07/31/2025 | 08/06/2025 | Hospital | 1104870187 | MOUNTAINVIEW HOSPITAL | |

| QMB | | |
|------------|-----|------------------|
| Start | End | Plan Description |
| 01/01/2018 | | NV QMB Plan |

| Part D | | | | | |
|--------------|------------|-----------|---|---|----------------|
| Effective | Terminated | Plan Code | Payer Name/Address | Plan Name/Website | Phone |
| 04/01/2015 - | | S5884-175 | HUMANA INSURANCE CO. & HUMANA INSURANCE CO.1100 Employers Boulevard De Pere WI 54115 | Humana Premier Rx Plan www.humana.com/medicare | (800) 448-6262 |

| 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? |
| 08/10/2023 | N | 01/20/2023 | N | 03/31/2022 | N | 08/13/2021 | Y |

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| Home Health Episodes | | | | | | | |
|----------------------|------------|------------------|----------------|--------------------|----------------------------|--------|---------------------------------------|
| Start Date | End Date | Earliest Billing | Latest Billing | Patient Status/Des | | Interm | Provider |
| 12/02/2025 | 12/31/2025 | | | NOA | W/O condition code 47 | 06014 | 1750854451 MOBILE HOME HEALTH, INC. |
| 01/04/2025 | 02/02/2025 | 01/08/2025 | 01/28/2025 | 01 | Discharged to home or self | 06014 | 1114524311 CREEK VIEW HOME HEALTH LLC |
| 12/05/2024 | 01/03/2025 | 12/10/2024 | 01/03/2025 | 30 | Still patient | 06014 | 1114524311 CREEK VIEW HOME HEALTH LLC |

| Behavioral Services | | | | | | | |
|---------------------|----|-----------------------------------|------------|------------|-----------------|----------------------|---------------------|
| HCP | CS | Description | Tech Date | Prof Date | Deductible Base | Deductible Remaining | Coinsurance Percent |
| G0444 | | Adult Depression Screening | 04/01/2015 | 04/01/2015 | | | |
| G0443 | | Alcohol Misuse Counseling | | 11/09/2021 | | | |
| G0442 | | Alcohol Misuse Screening | | 11/01/2022 | | | |
| G0446 | | Cardiovascular Disease Counseling | 04/01/2015 | 04/01/2015 | | | |
| G0447 | | Obesity Counseling | 04/01/2015 | 04/01/2015 | | | |
| G0473 | | Obesity Counseling | 04/01/2015 | 04/01/2015 | | | |
| G0445 | | STIs Screening/Counseling | 04/01/2015 | 04/01/2015 | | | |

| Diabetes Prevention Program (MDPP) | | | | | | | |
|------------------------------------|------------|-----|----|------|-------|-----------------|------|
| Entitlement From | To | HCP | CS | Ded | Coins | Date of Service | Proc |
| 12/15/2024 | 04/11/2026 | | | 0.00 | 0.00 | | |

| Provider Detail | | | | | | | |
|----------------------------|--|--|--|--|--|----------------------------------|--|
| 1114524311 | | | | | | 1750854451 | |
| CREEK VIEW HOME HEALTH LLC | | | | | | MOBILE HOME HEALTH, INC. | |
| 2950 E FLAMINGO RD STE H | | | | | | 1771 E. FLAMINGO RD. SUITE 230-A | |
| LAS VEGAS NV 89121-5208 | | | | | | LAS VEGAS NV 89119-5279 | |

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

The following sections were suppressed: Preventive Services