

Provider: 297068

as of 12/23/2025

Eligibility Period: 12/23/24 - 04/19/26

Patient Name: HARRIS, MARY

Beneficiary ID: 9CG1J23YA34

Birth Date: 05/21/1949

Gender: F

Per Medicare: HARRIS MARY E

Address: 11000 MCKENDREC CT

LAS VEGAS NV 89134-7240

Previous Inquiry Date: 10/01/2025

Benefit Information

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 05/01/2014 -		Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B: 05/01/2014 -			ESRD Coverage Period Date:
Date of Death	-	Smoking Cessation Days: 6	Initial Cessation Session Date: 12/26/2024
QMB:	-		Beneficiary ID Crosswalk: Data not Available

Part A/B

Type	First Bill	Last Bill	Part A			Part B			Blood Pints
			Full	Coins.	Base	Full	Coins.	Inpatient	
Full	Coins.	Base	Full	Coins.	Base	Deductible Remaining			
SPELL	10/01/2025 -	10/26/2025	55	30	\$ 419.00	20	80	\$ 209.50	\$ 0.00
SPELL	07/09/2025 -	07/10/2025	59	30	\$ 419.00	20	80	\$ 209.50	\$ 0.00
BASE	01/01/2026	12/31/2026	60	30	\$ 434.00	20	80	\$ 217.00	\$ 1,736.00
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$ 1,676.00
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$ 1,632.00

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
10/24/2025	10/26/2025	Hospital	1831189638	SUMMERLIN HOSPITAL MEDICAL CENTER
10/01/2025	10/04/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS
07/09/2025	07/10/2025	Hospital	1831189638	SUMMERLIN HOSPITAL MEDICAL CENTER

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
06/01/2014 -		S5601-801	SILVERSCRIPT INSURANCE COMPANY 445 Great Circle Road Nashville TN 37228	SilverScript Group www.aetnamedicare.com	(866) 235-5660

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	Interim	Provider
10/05/2025	11/03/2025	10/05/2025	10/24/2025	02 Discharged or transferred to 06014	1841680923	ENCOMPASS HEALTH HOME HEALTH

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance
				Base	Remaining	
G0444	Adult Depression Screening	05/01/2014	04/01/2025	- waived -	- waived -	- waived -
G0443	Alcohol Misuse Counseling		04/05/2024	- waived -	- waived -	- waived -
G0442	Alcohol Misuse Screening		04/01/2025	- waived -	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	05/01/2014	05/01/2014	- waived -	- waived -	- waived -
G0447	Obesity Counseling	05/01/2014	05/01/2014	- waived -	- waived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	- waived -	- waived -
G0445	STIs Screening/Counseling	05/01/2014	05/01/2014	- waived -	- waived -	- waived -

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Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
12/23/2024	04/19/2026		0.00	0.00					

Provider Detail

1841680923
 ENCOMPASS HEALTH HOME HEALTH
 6080 S FORT APACHE RD SUITE 105A
 LAS VEGAS NV 89148-5656

Immunizations

Part B Status:

Part B Date:

Part B Deductible

Part B Coinsurance

HCPCS	Description	Vaccination Date	Rendering NPI	Rendering Name

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

The following sections were suppressed: Preventive Services

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