

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													
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	Deductible	Remaining	Therapy	Therapy	Part A/B
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	\$ 283.00	\$ 0.00	\$ 0.00	3
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 303.60	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 1,128.93	\$ 0.00	3

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

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
Diabetes Prevention Program (MDPP)

Entitlement		HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
From	To								
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
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The following sections had no data available: Hospice, Medicare Advantage, MSP, Home Health Certification
The following sections were suppressed: Preventive Services

