

Patient Name: DUMBACH, FRANCES

Beneficiary ID:9D80J29TT31

Birth Date: 04/04/1940

Gender:F

Per Medicare: DUMBACH FRANCES M

Address: 5117 GREENSPUN DR

LAS VEGAS NV 89130-5233

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

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:				
Part A: 04/01/2005		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 04/01/2005		-					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			
			Hospital Days			SNF Days			Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
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	\$ 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	\$ 0.00	\$ 0.00	3

Part D													
Effective	Terminated	Plan Code	Payer Name/Address						Plan Name/Website			Phone	
01/01/2024	-	S2135-801	BLUE CROSS BLUE SHIELD ASSOCIATION						FEHB Standard Option			(202) 942-1270	
			200 E. Randolph St., Suite 1800						www.fepblue.org				
			Chicago IL 60601										

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						
09/28/2025	10/27/2025	10/03/2025	10/24/2025	01	Discharged to home or self	06014	1750854451	MOBILE HOME HEALTH, INC.					
08/29/2025	09/27/2025	09/03/2025	09/27/2025	30	Still patient	06014	1750854451	MOBILE HOME HEALTH, INC.					
07/30/2025	08/28/2025	08/01/2025	08/28/2025	30	Still patient	06014	1750854451	MOBILE HOME HEALTH, INC.					
06/30/2025	07/29/2025	07/01/2025	07/29/2025	30	Still patient	06014	1750854451	MOBILE HOME HEALTH, INC.					
05/31/2025	06/29/2025	06/06/2025	06/29/2025	30	Still patient	06014	1750854451	MOBILE HOME HEALTH, INC.					
05/01/2025	05/30/2025	05/01/2025	05/30/2025	30	Still patient	06014	1750854451	MOBILE HOME HEALTH, INC.					

Behavioral Services													
HCPCS		Description		Tech	Date	Prof	Date	Deductible	Deductible	Coinsurance			
								Base	Remaining	Percent			
G0444	Adult Depression Screening				10/14/2011	10/14/2011		- waived -	-	- waived -			
G0442	Alcohol Misuse Screening				10/14/2011				- waived -	- waived -			
G0446	Cardiovascular Disease Counseling				11/08/2011	11/08/2011		- waived -	-	- waived -			
G0447	Obesity Counseling				11/29/2011	11/29/2011		- waived -	-	- waived -			
G0473	Obesity Counseling				01/01/2015	01/01/2015		- waived -	-	- waived -			
G0445	STIs Screening/Counseling				11/08/2011	11/08/2011		- waived -	-	- waived -			

Diabetes Prevention Program (MDPP)										
Entitlement					Date of				Billing	
From	To	HCPCS	Ded	Coins	Service	Proc	Description		NPI	Name
12/27/2024	04/23/2026		0.00	0.00						

Provider: 297068 as of 12/27/2025 Eligibility Period: 12/27/24 - 04/23/26

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Provider Detail

1750854451  
MOBILE HOME HEALTH, INC.  
1771 E. FLAMINGO RD. SUITE 230-A  
LAS VEGAS NV 89119-5279

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

The information for this report was generated from a request dated 12/27/2025 09:12 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.

