

Provider: 297068

as of 12/27/2025

Eligibility Period: 12/27/24 - 04/23/26

Patient Name: DUMBACH, FRANCES
 Per Medicare: DUMBACH FRANCES M
 Address: 5117 GREENSPUN DR
 LAS VEGAS NV 89130-5233

Beneficiary ID: 9D80J29TT31

Birth Date: 04/04/1940

Gender: F

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

Type	First Bill	Last Bill	Part A			Part B			Blood Pints				
			Hospital Days		SNF Days	Inpatient	Deductible	Physical Therapy					
Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	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 200 E. Randolph St., Suite 1800 Chicago IL 60601	FEHB Standard Option www.fepblue.org	(202) 942-1270

Rehabilitation Sessions

Pulmonary Remaining (G0424)		Cardiac Applied (93797, 93798)		Intensive Cardiac Applied (G0422, G0423)	
Tech:	Prof:	Tech:	Prof:	Tech:	Prof:
72	72	0	0	0	0

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interim	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	
G0444	Adult Depression Screening	10/14/2011	10/14/2011	- waived -	- waived -	- waived -
G0442	Alcohol Misuse Screening		10/14/2011	- waived -	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	- waived -	- waived -
G0447	Obesity Counseling	11/29/2011	11/29/2011	- waived -	- waived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	- waived -	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	- waived -	- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
12/27/2024	04/23/2026		0.00	0.00					

[Help Document Link](#)

Page 1 of 2

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.

Provider: 297068

as of 12/27/2025

Eligibility Period: 12/27/24 - 04/23/26

Patient Name: DUMBACH, FRANCES

Beneficiary ID: 9D80J29TT31

Birth Date: 04/04/1940

Gender: F

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."[Help Document Link](#)

Page 2 of 2

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.



© 2025 Waystar Health. All rights reserved
2442 9830175 378948957 AdHoc_EDI251227-580