

Provider: 297068 as of 01/09/2026 Eligibility Period: 01/09/25 - 05/06/26

Patient Name: ANCENEY, KIMIYO
Per Medicare: ANCENEY KIMIYO
Address: 8943 BEL CONTE LANE
HENDERSON NV 89074-6916

Beneficiary ID:5TE3UA9CR05

Birth Date: 02/06/1948

Gender:F

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective
Part A: 02/01/2013 -
Part B: 02/01/2013 -
Date of Death -
QMB: -

Terminated

Lifetime Psychiatric Days: 190
Lifetime Reserve Days: 60
Smoking Cessation Days: 8

ESRD Dialysis Date:
ESRD Transplant Eff. Date:
ESRD Coverage Period Date:
Initial Cessation Session Date:
Beneficiary ID Crosswalk: Data not Available

Part A/B

Part A										Part B			
Type	First Bill	Last Bill	Hospital Days		Base	SNF Days		Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints 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

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
04/01/2013 -		S5921-373	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY 185 Asylum Street Hartford CT 061030450	AARP Medicare Rx Saver from UHC AARPMedicarePlans.com	(866) 460-8854

Rehabilitation Sessions

Pulmonary Remaining (G0424)
Tech: 72 Prof: 72

Cardiac Applied (93797, 93798)
Tech: 0 Prof: 0

Intensive Cardiac Applied (G0422, G0423)
Tech: 0 Prof: 0

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
07/10/2025	08/08/2025			NOA W/O condition code 47	06014	1467856476

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	02/01/2013	11/01/2026	- waived -	-	- waived -
G0443	Alcohol Misuse Counseling		11/18/2025	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		11/01/2026	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	02/01/2013	11/01/2026	- waived -	-	- waived -
G0447	Obesity Counseling	02/01/2013	02/01/2013	- waived -	-	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	-	- waived -
G0445	STIs Screening/Counseling	02/01/2013	02/01/2013	- waived -	-	- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
01/09/2025	05/06/2026		0.00	0.00					

Provider Detail

1467856476
Provider detail not available.
3920 E PATRICK LN STE 220
LAS VEGAS NV 89120-3927

Patient Name: ANCENEY, KIMIYO

Beneficiary ID:5TE3UA9CR05

Birth Date: 02/06/1948

Gender:F

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

The information for this report was generated from a request dated 01/09/2026 05:42 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.